

Name
in
Full

CERTIFICATE OF DEATH

Harold Andrews

Town *Lonaconing* County *Alligany* MARYLAND

Died at *Lonaconing*

Date of death *1908 Oct 23* Age *—* Years *3* Months *7* Days *7*

Sex *Male* Color or Race *White* Birth-place *Lonaconing*

Occupation *none* Where Residing if not at place of death *—*

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Howard Andrews* Father's Birthplace *Boston*

Mother's Maiden Name *Jennie Coadwell* Mother's Birthplace *Lonaconing*

Name of person giving In formation *Howard Andrews* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Convulsions* How long *Suddenly*

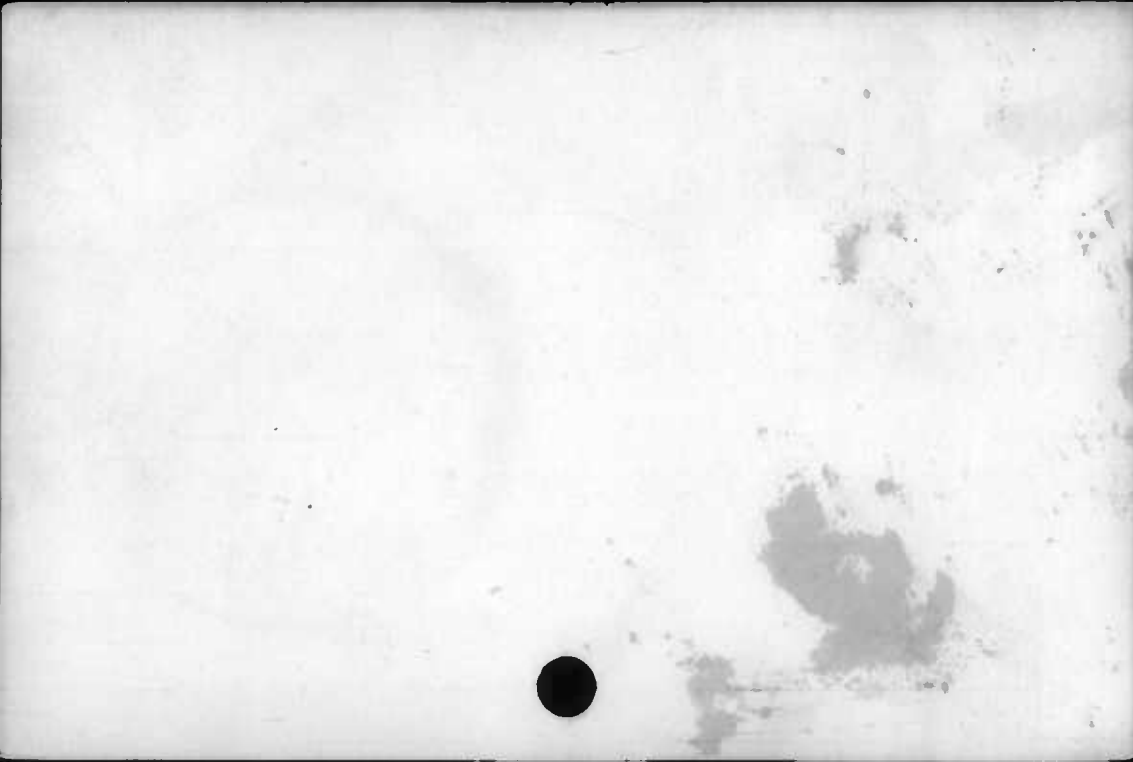
Immediate *Convulsions* How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Skilling M.D.*

Address *Lonaconing*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bernie May Barker Athey

Town *Cumberland* County *Allegheny* **MARYLAND**

Died at *Cumberland* *Allegheny*

Date of death 190 *8* *Oct* Month *3* Day Age *35* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Divorced* Name of ~~Wife or~~ Husband *Charles H. Barker*

Father's Name *Charles Mussetter* Father's Birthplace *Allegheny Co.*

Mother's Maiden Name *Minnie Athey* Mother's Birthplace *Allegheny Co.*

Name of person giving Information *Mary Athey* How related to deceased *Widow*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Mitral insufficiency* How long *3 years*

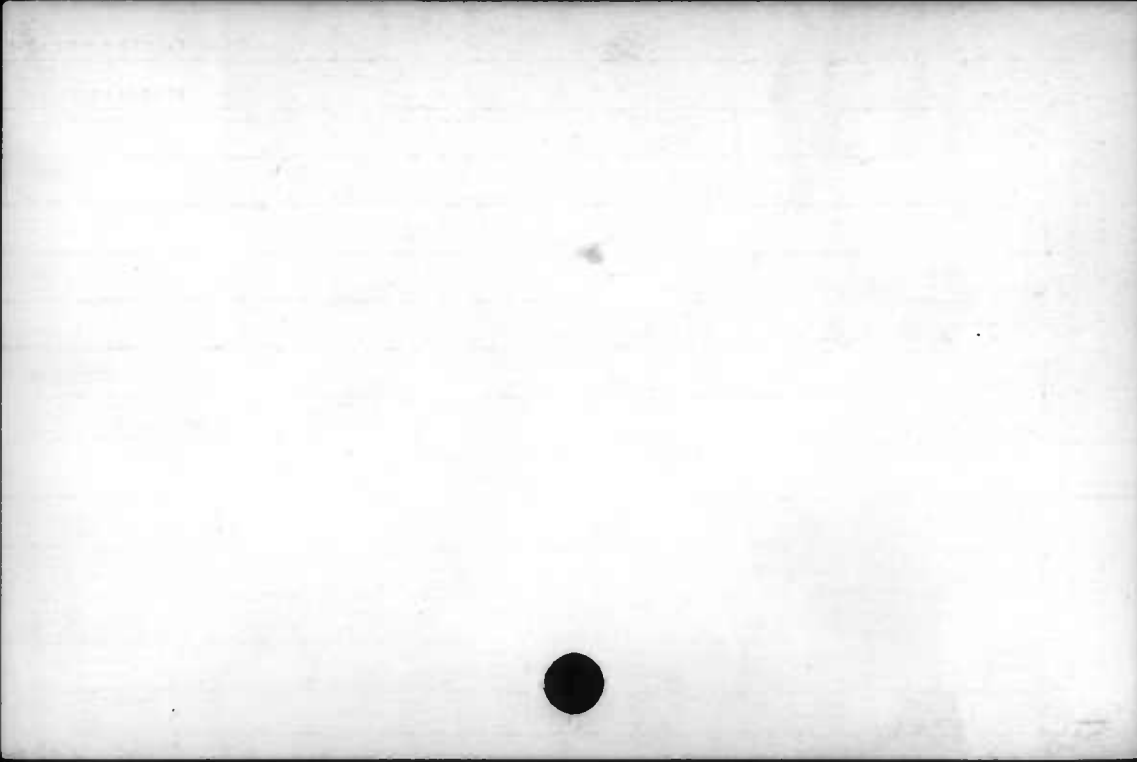
Immediate *Embolism* How long *1 hour*

Are the name, age, sex, color, data and place correctly given above? *yes*

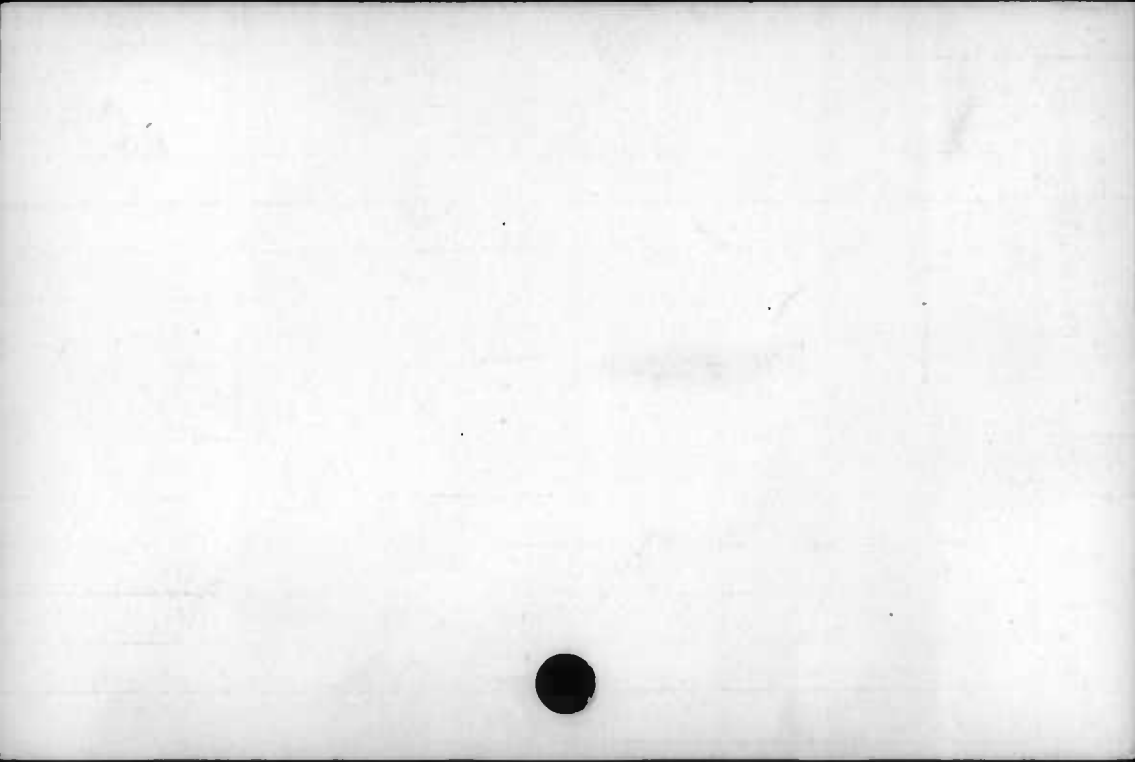
Signature of Physician *William R. Fowdard* Address *116 Va. Ave. Cumberland*

Stent

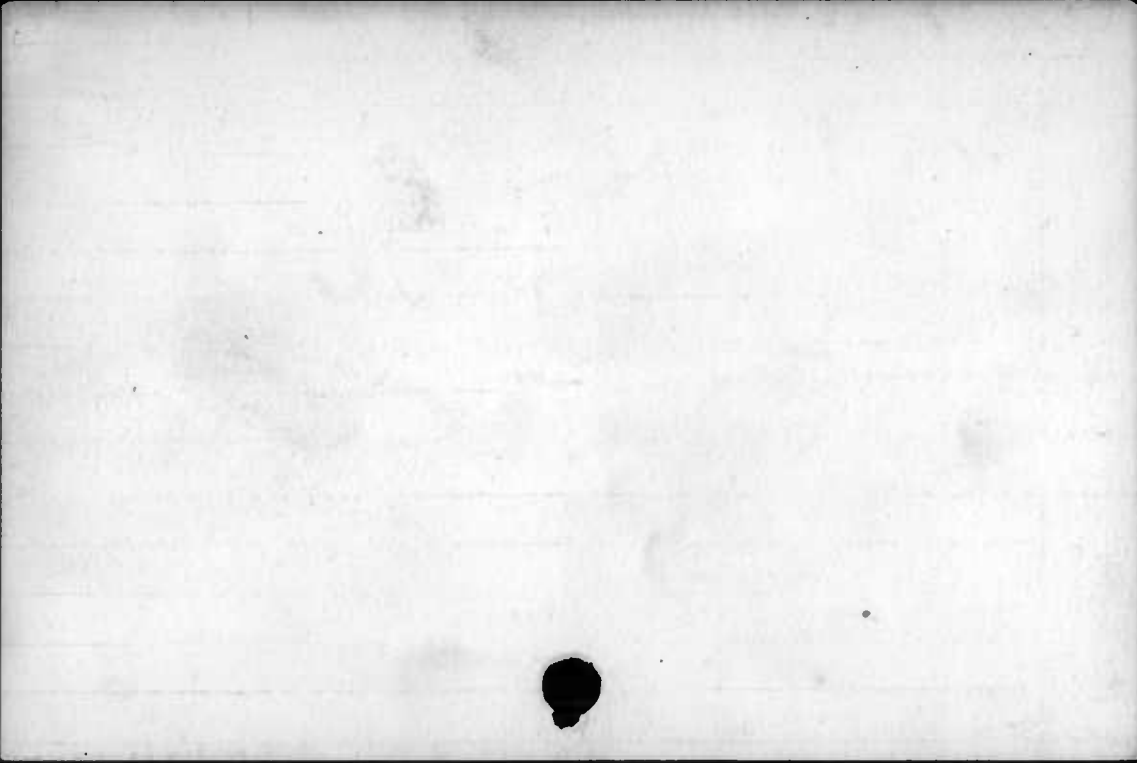
Accident or Suicide



Name in Full		Sarah Beale				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		Allegany							
	Date of death	1908	Month	Oct	Day	18	Age	52	Years	Months	4	Days	17
	Sex	Female		Color or Race	White		Birth-place	Pa.					
	Occupation	Housewife		Where Residing if not at place of death									
	Married, Single or Widowed	Married		Name of Wife or Husband	Emanuel Beale								
	Father's Name	Homer Beale					Father's Birthplace	Pa					
	Mother's Maiden Name	Mary Livingston					Mother's Birthplace	Pa					
Name of person giving information	Ludie Beale					How related to deceased	Daughter						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: 0 auto;">119</div>													
PHYSICIAN OR CORONER	Primary	Nephritis					How long	11 months					
	Immediate	Convulsion					How long	1 day					
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	W. L. Broadus					
		Eckhardt, Wm.					Address	Cumberland Md.					
Accident or Suicide? <input checked="" type="checkbox"/> No													



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Barton		County		Allegany		MARYLAND			
		Date of death		1908 Oct		Day		17th		Age 74			
		Sex		Female		Color or Race		White		Birth-place			
		Occupation		Housewife		Where Residing if not at place of death		Paw Paw, W. Va.					
		Married, Single or Widowed		widow		Name of Wife or Husband		Ambrose Bevans					
		Father's Name		Angus Mac Donald		Father's Birthplace		Scotland					
		Mother's Maiden Name		Sarah Mac Atee		Mother's Birthplace		don't know					
		Name of person giving information		Mrs Eliza M. Logsdon		How related to deceased		Her daughter					
PHYSICIAN OR CORONER		CAUSES OF DEATH						15th					
		Primary						General Debility & Uremia		How long		about	
		Immediate						Uremia		How long		one year-	
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		J. M. Gann			
								Address		Barton, Md.			
		Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
information

Town

Month

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

19

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Hafer
Ally. Co.

Name
in
Full

Easper Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Cumberland ^{County} Alleg **MARYLAND**

Date of death 190 8 ^{Month} Oct. ^{Day} 5 Age ^{Years} 42 ^{Months} 4 ^{Days} 14

Sex Male Color or Race White Birthplace Md

Occupation Carpenter Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Jennie Stewart

Father's Name Jacob Brown Father's Birthplace Md

Mother's Maiden Name Helena Hobell Mother's Birthplace Germany

Name of person giving Information Jennie Brown How related to deceased Wife

CAUSES OF DEATH


39

PHYSICIAN
OR CORONER

Primary Cancer of lower jaw How long 1 year

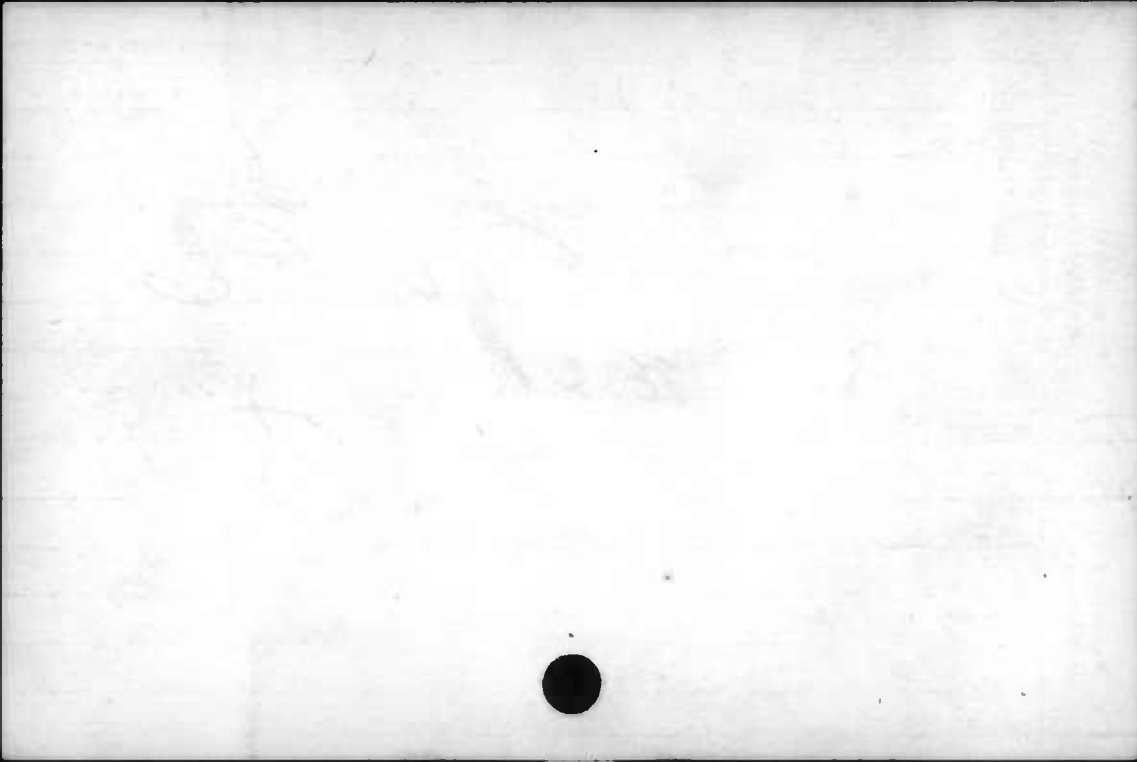
Immediate Exhaustion How long 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Seen  Signature of Physician W. R. Hodges M.D.

Address Cumberland, Md.

Accident or Suicida



Name
in
Full

Arusa Colburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alley.		MARYLAND	
Date of death		190	8	Month Oct	Day 21	Age 28	Years —
Sex Female		Color or Race Colored		Birthplace Va.		Months —	
Occupation Cook		Where Residing if not at place of death La Vale near Cumberland		Years —		Days —	
Married, Single or Widowed Single.		Name of Wife or Husband None		Father's Name Do not know		Father's Birthplace D. N. K.	
Mother's Maiden Name " " "		Mother's Birthplace " " "		Name of person giving Information Mrs. J. C. Brink		How related to deceased None	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Gun shot wound	How long	166
Immediate	Shot through left lung	How long	Lived 4 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. C. Carey	
Address		Cumberland Md	
Accident or			

Melfa. Va

Name
in
Full

Walter E. Counts

CERTIFICATE OF DEATH

Town

County

Died at

Cumberland

Alleg

MARYLAND

Date

of death

1908

Month

Oct

Day

17

Age

Years

7

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Andrew Counts

Father's
Birthplace

Ohio

Mother's
Maiden Name

Bora May Thompson

Mother's
Birthplace

Md

Name of person giving
Information

Andrew Counts

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Maurasmus

How long

2 mos

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Jas. T. Johnson

Address

Rt 1, New.

Johns

Accident or Suicide

Rose Hill Cem.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

287 $\frac{1}{2}$ 2nd ave

11

Name

in
Full

Alice M. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

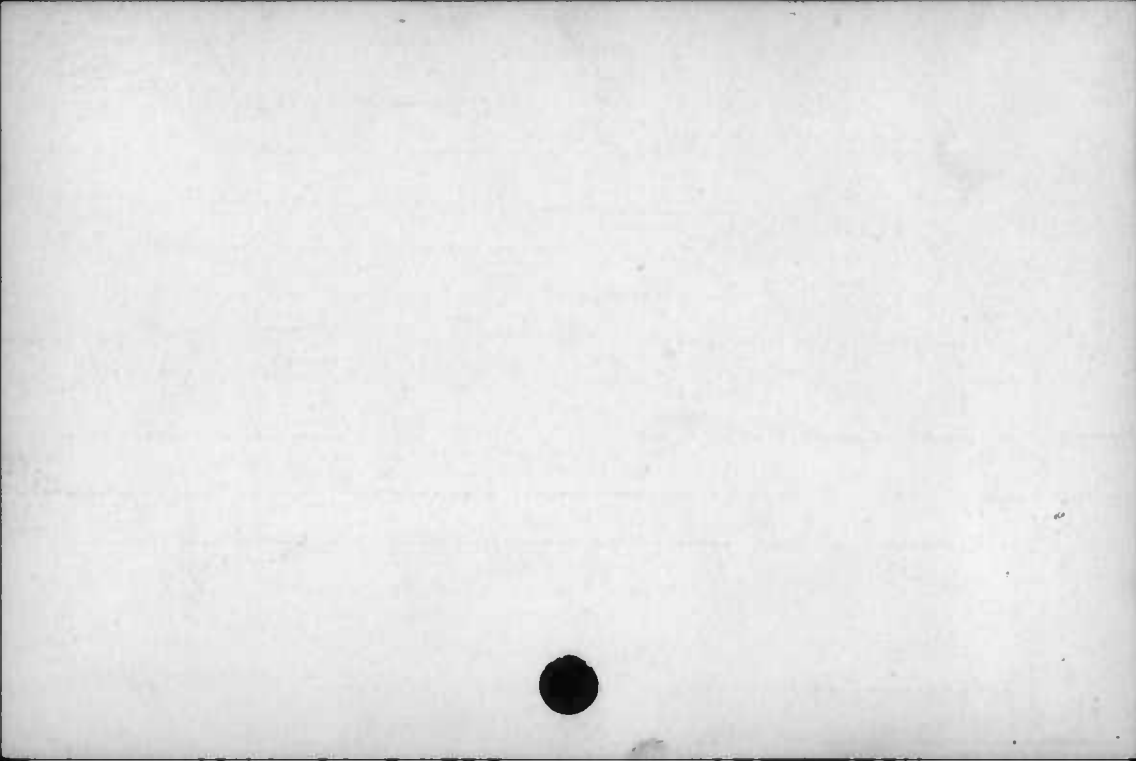
Died at		Town Midland		County Allegany		MARYLAND	
Date of death	1908	Month Oct.	Day 18	Age 17	Year	Months 3 weeks	Days 3
Sex	Female		Color or Race	White		Birth-place	Barton, Md.
Occupation				Where Residing if not at place of death		Midland, Md.	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				George Dawson			
Mother's Maiden Name				Elinora Wilson			
Name of person giving information				George Dawson			
Father's Birthplace				Barton, Md.			
Mother's Birthplace				Middlebush			
How related to deceased				Father			

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary	Rickets	How long	2 years.
Immediate	General Tuberculosis	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. P. O'Neil	
Address		Midland, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Cliff Elliott

Town

County

MARYLAND

Died at

Eckhardt

Allagany

Date

1908 Oct

Day

7

Age

Years

30

Months

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Mt Savage

Occupation

Where Residing if not
at place of death

Eckhardt

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank T Elliott

Father's
Birthplace

Centerville Pa

Mother's
Maiden Name

Matt Reasure

Mother's
Birthplace

Bottlesville Md

Name of person giving
In formation

Cliff Elliott

How related
to deceased

Uncle

CAUSES OF DEATH

145

Primary

Meningitis

How long

Indefinite

Immediate

Sepsis from Impetigo

How long

3 Wks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J C Holdsworth
Eckhardt Mines
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hafer.

Mt. Savage Conn.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Robert Fishell</i>		Town <i>Cumberland</i>		County <i>Allgany</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>23</i>		Years <i>4</i>	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>23</i>		Years <i>4</i>	
Age <i>22</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>Cumberland</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>	
Father's Name <i>William Fishell</i>		Father's Birthplace <i>Fredrick Co</i>		Mother's Maiden Name <i>Fattiz Bennett</i>		Mother's Birthplace <i>Baltimore</i>	
Name of person giving Information <i>William Fishell</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Few days</i>
Are the name, age, sex, color, data and place correctly given, above?	Signature of Physician <i>F. H. Fachman</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>infant - Garger</i>		Town <i>Carriganville</i>		County <i>Bellevue</i>		State <i>MARYLAND</i>	
Died at <i>Carriganville</i>		Month <i>Oct.</i>		Day <i>10</i>		Age <i>-</i>	
Date of death <i>1908</i>		Month <i>Oct.</i>		Day <i>10</i>		Age <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carriganville</i>		Months <i>-</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Henry Garger</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Katie Vinkel</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving Information <i>Henry Vinkel</i>		How related to deceased <i>Grand father</i>					

CAUSES OF DEATH

Primary <i>Stillborn</i>	How long <i>-</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Glenn Smith</i>
	Address <i>Bellevue Ind</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

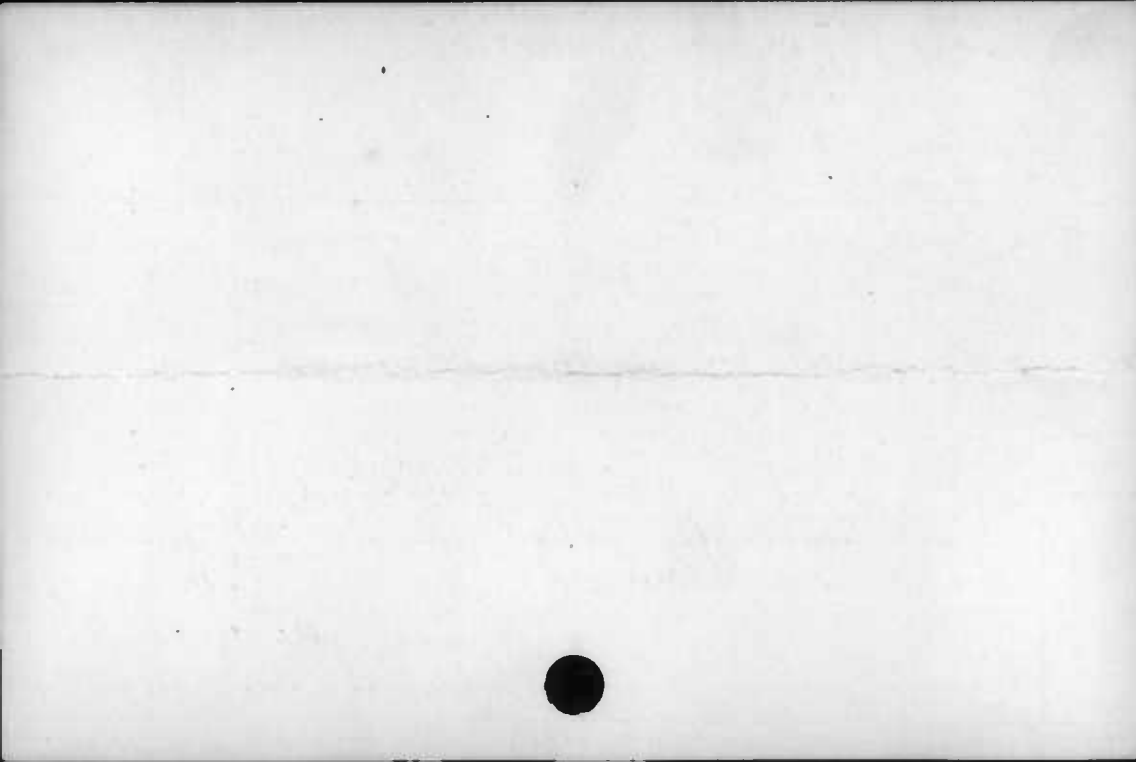
Died at <i>Frederick</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	10	Day	3
Age	9	Years	2	Months	
Sex	Female	Color or Race	White	Birth-place	Frederick
Occupation	School girl	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Thos. Geis</i>			Father's Birthplace	Frederick
Mother's Maiden Name	<i>Julia Lapp</i>			Mother's Birthplace	Frederick
Name of person giving information	<i>John Geis</i>			How related to deceased	Brother

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease about 2 weeks</i>	
Immediate	<i>Arterial</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address
Accident or Suicide?	<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jefferson Hoover

Died at *Cumberland* Town *Alligany* County **MARYLAND**

Date of death 1908 *Oct* Month *2* Day *59* Years *md.* Months *md.* Days

Sex *m* Color or Race *white* Birth-place *md.*

Occupation *Farmer* Where Residing if not at place of death *Smithville Md*

Married, Single *m* or Widowed Name of Wife or *J. H.* ~~Husband~~

Father's Name *J. H.* Father's Birthplace *Barnett Co Md*

Mother's Maiden Name *J. H.* Mother's Birthplace *Barnett Co Md*

Name of person giving Information *His Physician Dr Bourn* How related to deceased

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

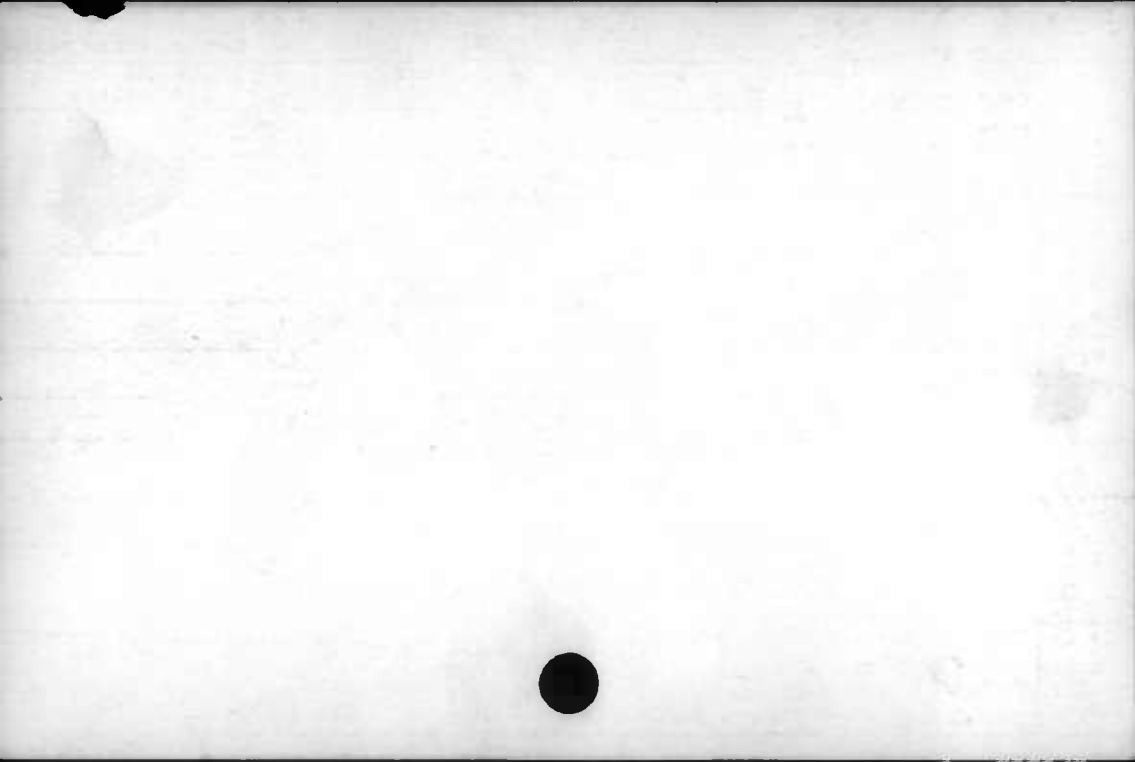
Primary *Intestinal Obstruction* How long *1 week*

Immediate *Intestinal obstruction no Operation* How long *1 "*

Are the name, age, sex, color, date and place correctly given above? *Yes,*

Signature of Physician *A. H. Hantgier* Address *Cumberland* *for Dr Bourn* *Smithville Md*

Accident or Suicide *md.*



Name
in
Full

Isabelle Hummiston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Cumberland Allegany
MARYLAND

Date of death 1908
Month Oct. Day 20 Age 29
Months Days

Sex Female Color or Race White Birth-place Lowcoing

Occupation - Wife Where Reiding if not at place of death -

Married, Single or Widowed Married Name of Husband Jaegle Hummiston

Father's Name Andrew Bogue Father's Birthplace Scotland

Mother's Maiden Name Agnes Orr Mother's Birthplace Scotland

Name of person giving Information Jaegle Hummiston How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid fever (Hemmorrhage) How long 5 weeks

Immediate Exhaustion How long 2 days

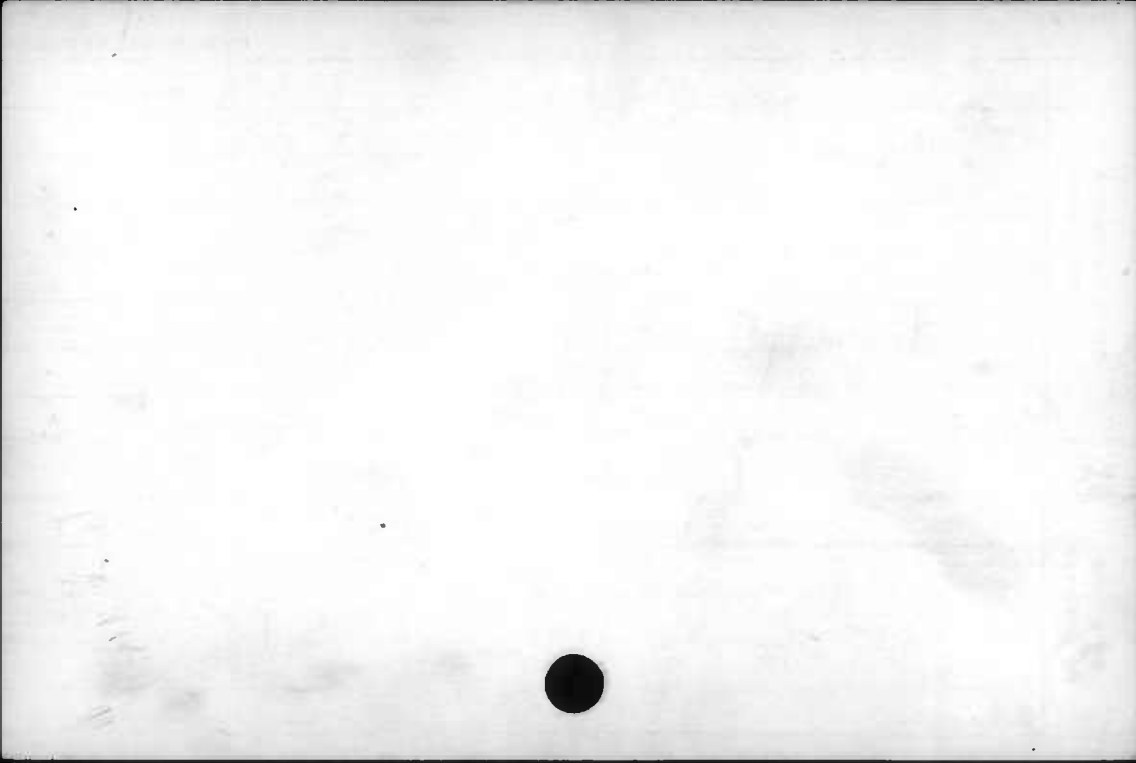
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Fochtman

Address Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Ina Cathrine Kenney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany, MARYLAND

Date of death 1908 ^{Month} Oct ^{Day} 20 Age ^{Years} — ^{Months} 7 ^{Days} 11

Sex Female Color or Race White Birth-place —

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband Emma

Father's Name Geo W Kenney Father's Birthplace Va

Mother's Maiden Name Ina Fisher Mother's Birthplace Cumberland

Name of person giving Information Geo. W. Kenney How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 5 Days

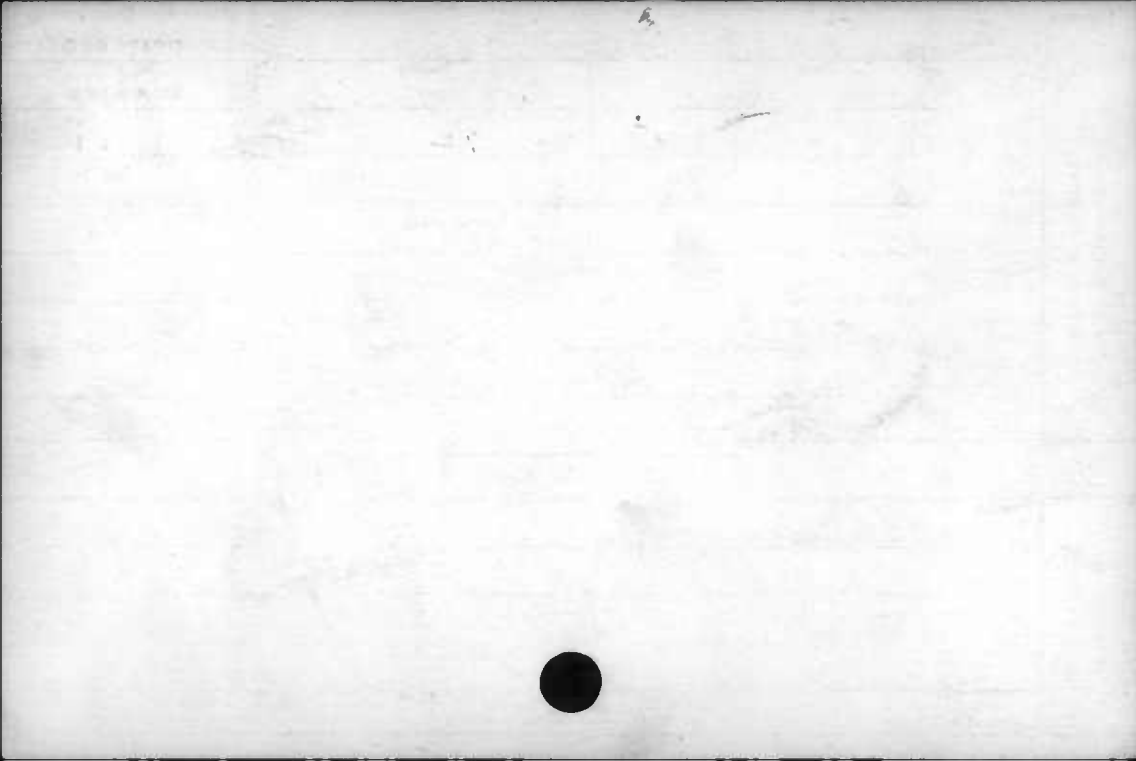
Immediate Pneumonia How long —

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician H. L. Harris MD

Address 29 V. Mechanic's Cumberland

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Courtney John Franklin Kyle

Town

County

MARYLAND

Died at Barton

Alleganney

Date

Month

Day

Years

Months

Days

of death 1908 Oct

27

Age

—

—

23

Sex

male

Color or
Race

White

Birth-
place

Barton Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Kyle

Father's
Birthplace

Barton

Mother's
Maiden Name

Rachael Greenhorn

Mother's
Birthplace

Barton

Name of person giving
Information

Harry Kyle

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Strimination

How long

Immediate

How long

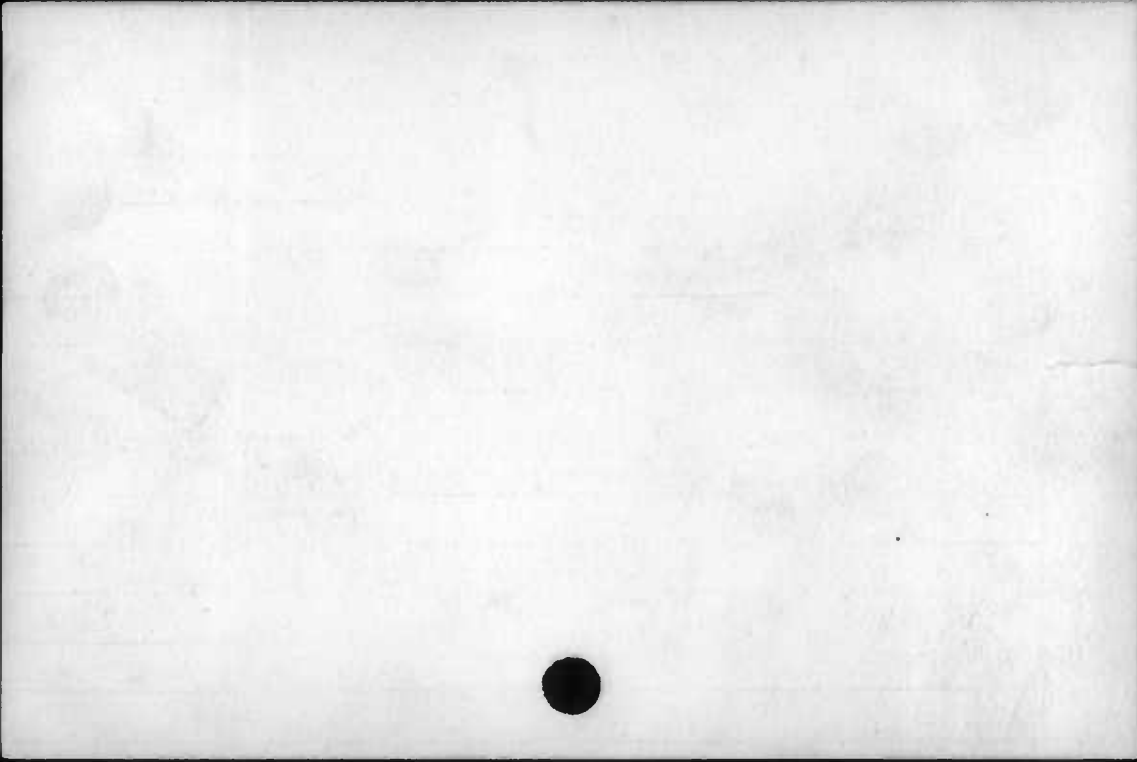
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Gannon
Barton Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frederick Laing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg.		MARYLAND	
Date of death	1908	Month Oct.	Day 19	Age	56	Months 9	Days 5
Sex	Male		Color or Race	White.		Birth- place	Alleg. Co.
Occupation	Car Inspector			Where Residing if not at place of death	Near Cumberland		
Married, Single or Widowed	Married		Name of Wife or Husband	Catharine Laing			
Father's Name	Francis Laing				Father's Birthplace	Germany	
Mother's Maiden Name	Annie M. Smeyers				Mother's Birthplace	Germany	
Name of person giving Information	Mary E. Laing				How related to deceased	daughter.	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	Appendicitis		How long	8 days
Immediate	Exhaustion		How long	several days
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician		
Stew		Address Cumberland md		
Accident or Suicide				

51.

908
51
57

|||||

5-6- 9-5

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burn</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	9
Sex	Male	Color or Race	White	Age	83
Occupation	Farmer	Birth-place	Virginia	Where Residing if not at place of death	West Virginia
Married, Single or Widowed	Widower	Name of Wife or Husband	Martha	Father's Name	unknown
Father's Name	unknown	Mother's Maiden Name	unknown	Mother's Birthplace	"
Name of person giving information	Rubin Lease	How related to deceased	Nephew		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age	How long	8 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. B. Grace M.D.
		Address	1400 Gregg Co Edgewood, West Virginia
Accident or Suicide?			



Name
in
Full

Elizabeth Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

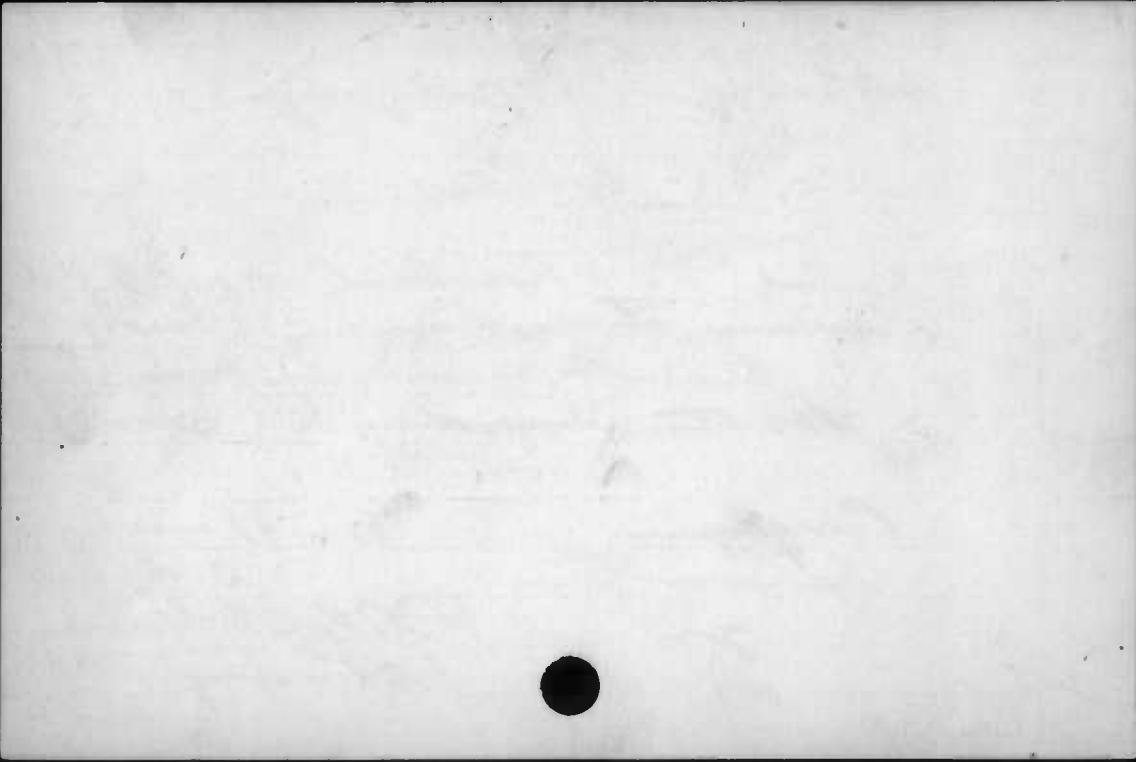
Died at		Town Frostburg		County allegany		MARYLAND					
Date of death		Month 1908 Oct.		Day 8		Age 4		Years 3		Months 20	
Sex Female		Color or Race White		Birth- place Maryland							
Occupation —				Where Residing if not at place of death —							
Married, Single or Widowed		Single		Name of Wife or Husband —							
Father's Name		James Lewis				Father's Birthplace		Maryland			
Mother's Maiden Name		Margaret Thomas				Mother's Birthplace		Maryland			
Name of person giving In formation		James Lewis				How related to deceased		Father			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary		Fatal Burns (Matches)		How long 10 hours	
Immediate		Shock		How long " "	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. A. R. Walker	
				Address Frostburg, Md.	
Accident or Suicide?		accident			



Name
in
Full

Anthony Logsdon

CERTIFICATE OF DEATH

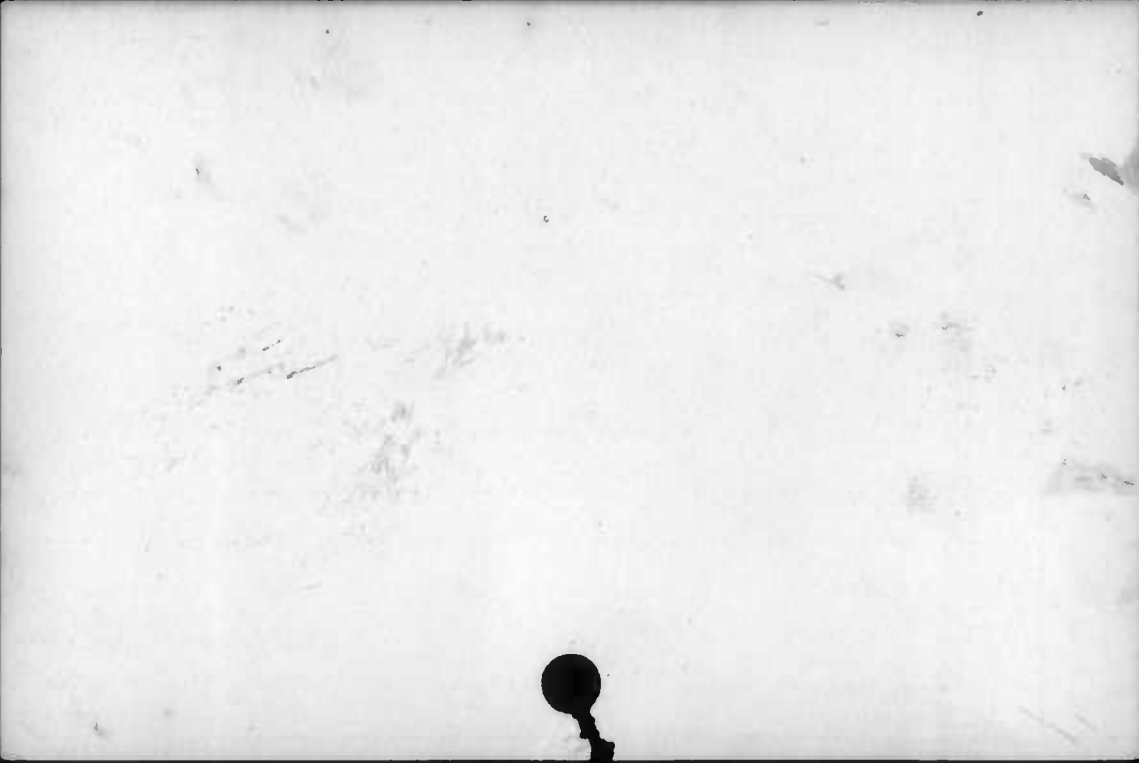
Died at <i>Ind Sandy</i>		Town <i>Ind Sandy</i>		County <i>Adelphi</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	27	Age	77
Sex	Male	Color or Race	White	Birthplace	Ind	Months	Days
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Rachael Foulke</i>				
Father's Name	<i>Lawrence Logsdon</i>					Father's Birthplace	Ind
Mother's Maiden Name	<i>Don't know</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Walter Logsdon</i>					How related to deceased	Son

CAUSES OF DEATH

66

Primary	<i>Paralytic</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. Alan F. Murray</i>
		Address	<i>Ind Sandy</i>
Accident or Suicide?			<i>Ind</i>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Caroline Lutschowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

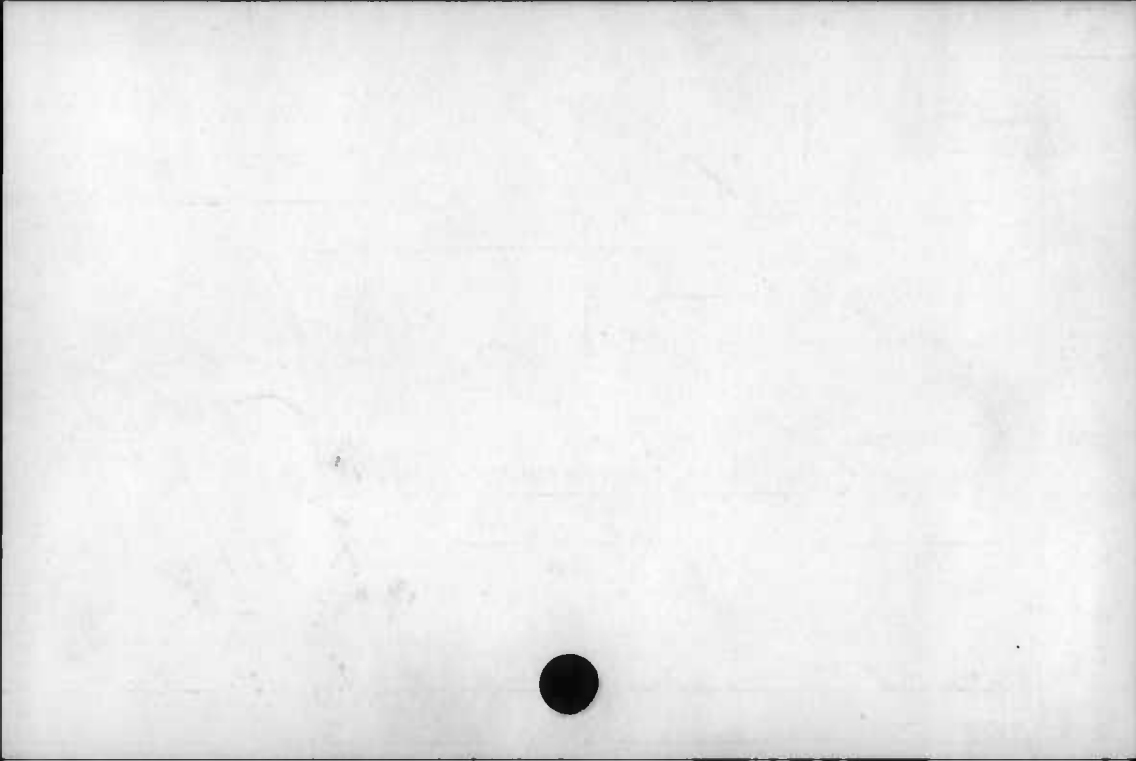
Died at <i>P. Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>64</i>	Years	Months <i>9</i>	Days <i>17</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>retired</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Charles Lutschowski</i>						
Father's Name <i>unknown</i>	Father's Birthplace <i>Poland</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Poland</i>						
Name of person giving information <i>August Fries</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Age + Gastric ulcer</i>	How long <i>1 or 2 hrs</i>
Immediate <i>Shock</i>	How long <i>1 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Broadbent</i>
<i>True</i>	Address <i>Cumberland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Lyons* Town _____ County *Alleg.*

Died at *Cumtunda* MARYLAND

Date of death 1908 *Oct* Month *10* Day Age *53* Years Months _____ Days _____

Sex *Male* Color or Race *White* Birth-place *West Va*

Occupation *Laborer* Where Reading if not at place of death *144 Walnut St*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Amanda R Moreland*

Father's Name *Amos Lyons* Father's Birthplace *Va*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Samuel E Lyons* How related to deceased *Son*

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary *Bright's disease* How long *6 months*

Immediate *Heart trouble* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. R. Davis M.D.* Address *292 Buchanan St Cumtunda*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Abraham R. Mc Cleary* Town *Cumberland* County *Wesley* MARYLAND

Died at *Cumberland* Date of death 190*8* Month *10* Day *4* Age *59* Years Months *6* Days *24*

Sex *Male* Color or Race *White* Birthplace *Unknown*

Occupation *Engineer* Where Residing if not at place of death *Cumhd*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Elizabeth*

Father's Name *Abraham M. Cleary* Father's Birthplace *Unknown*

Mother's Maiden Name *Catherine Raybough* Mother's Birthplace *York Co Pa*

Name of person giving Information *Mary Elizabeth Mc Cleary* How related to deceased *Wife*

CAUSES OF DEATH

166

How long

PHYSICIAN
OR CORONER

Primary

Struck by Locomotive

How long

4 hrs

Immediate

Shock following injury

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

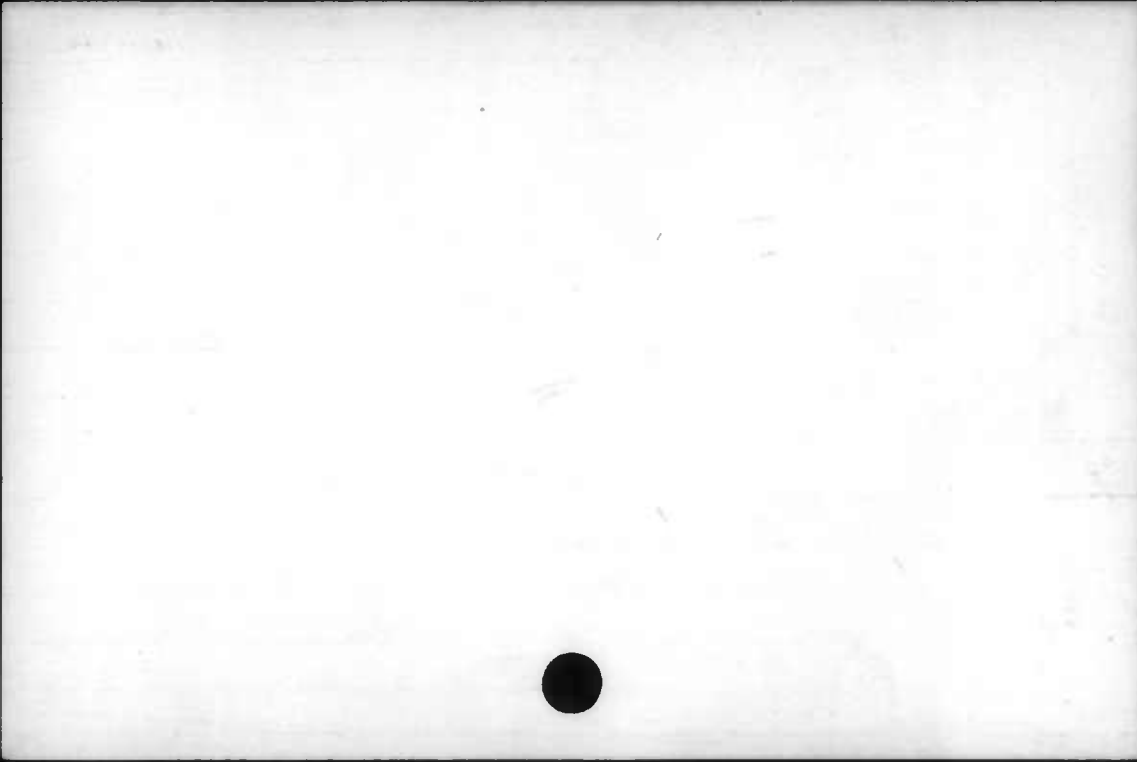
H. R. Hailer M.D.

Address

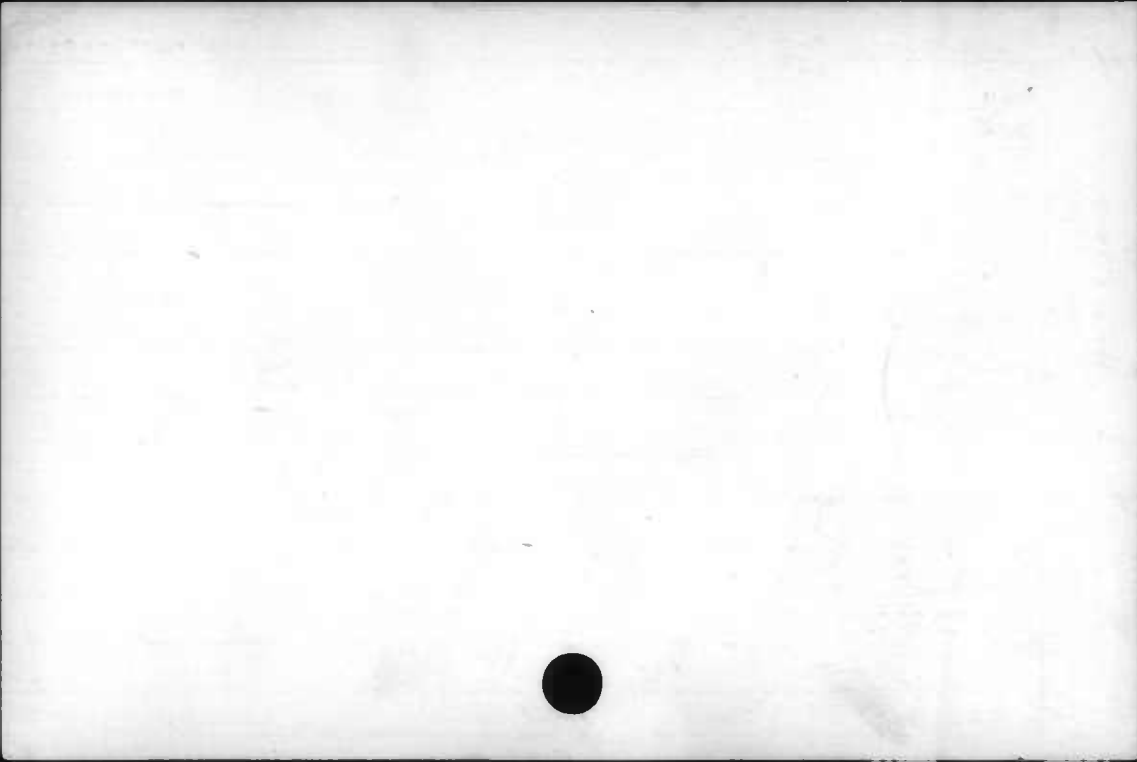
*Hagerstown Md**297. Mechanic St
Cumberland Md*

Accident or Suicide

Accident



CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Moran* Town *Linnecoming* County *Allegheny*

Died at *Linnecoming* *Allegheny*

Date of death 1908 - *Oct* *15* Age *32* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Linnecoming*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *David Moran (deceased)* Father's Birthplace *Westport*

Mother's Maiden Name *Bridget Ryan* Mother's Birthplace *Linnecoming*

Name of person giving information *Mrs. David Moran* How related to deceased *Widow*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

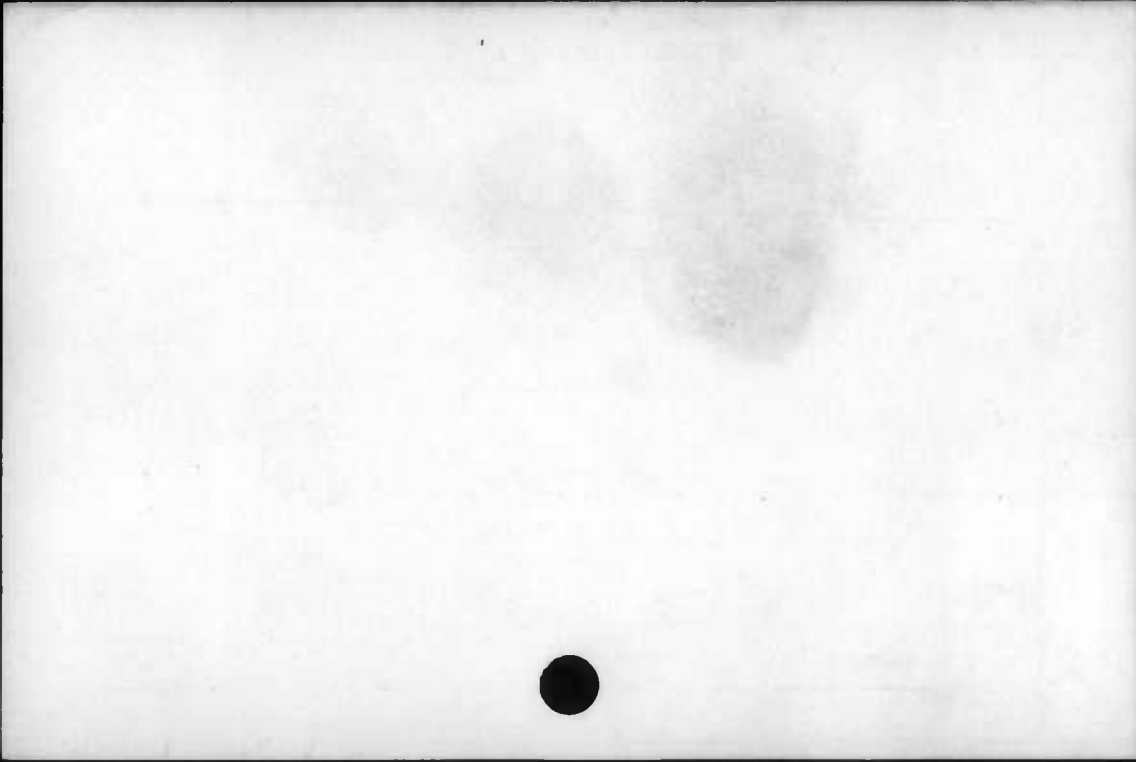
Primary *Pulmonary Tuberculosis* How long *One year*

Immediate *Infection* How long *Some months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Killian M.D.* Address *Linnecoming*

Accident or Suicide? *No*



Name
in
Full

Guy Francis Moreland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumberland* Town *Allegheny* County **MARYLAND**

Date of death 190*8* Month *Oct.* Day *16* Age *—* Years Months *3* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Francis B Moreland* Father's Birthplace *Ind*

Mother's Maiden Name *Virginia Griffen* Mother's Birthplace *Cumberland*

Name of person giving Information *Virginia Moreland* How related to deceased *Mother*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

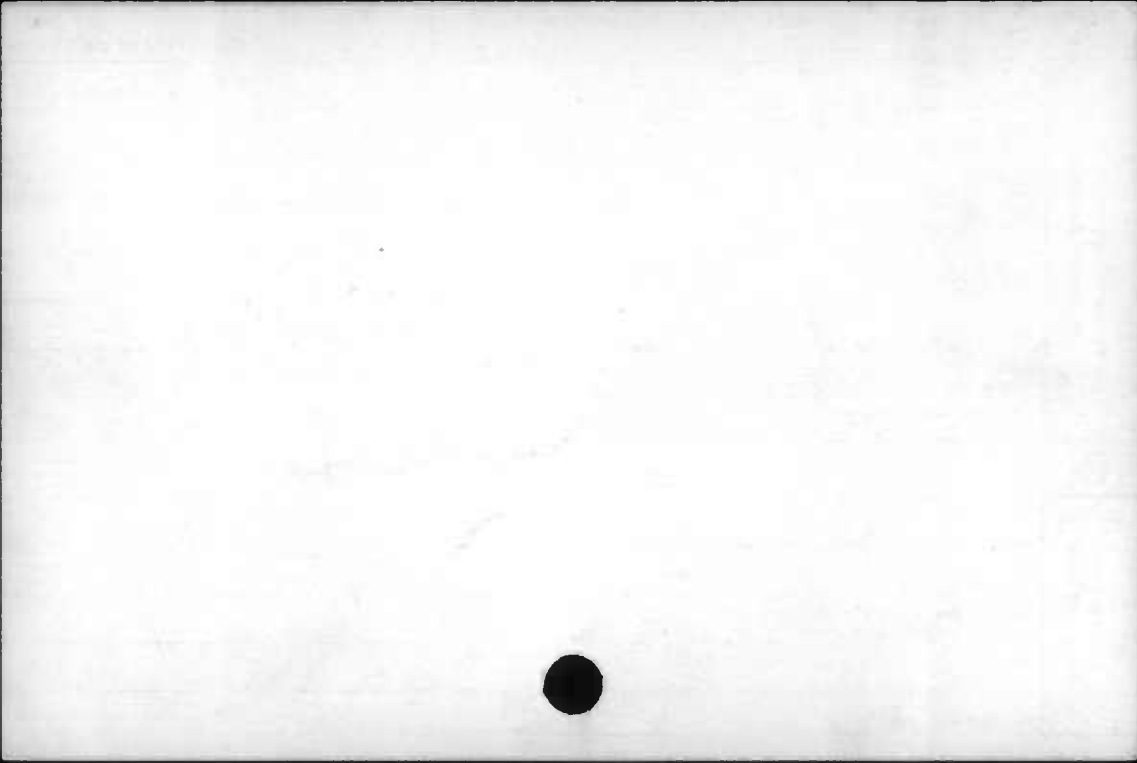
Primary *Pneumonia* How long *8 days.*

Immediate *Exhaustion + new infection* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Stam* Address *F. L. Bannell*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dennis A Perrin

Town **Cumtland** County **allergamy** **MARYLAND**

Died at **Cumtland** **allergamy**

Date of death 190 **8** Month **10** Day **2** Age **62** Years Months Days

Sex **Male** Color or Race **White** Birth-place **Flintstone**

Occupation **Merchant** Where Residing if not at place of death **Cumtland**

Married, Single or Widowed **Married** Name of Wife or Husband **Rebecca Perrin**

Father's Name **Ernest** Father's Birthplace **-**

Mother's Maiden Name **Mary Chaney** Mother's Birthplace **-**

Name of person giving Information **Arthur Perrin** How related to deceased **son**

CAUSES OF DEATH

Primary **Hereditary nephritis** How long **3 yrs**

Exhaustion How long **2 yrs**

Immediate **Exhaustion**

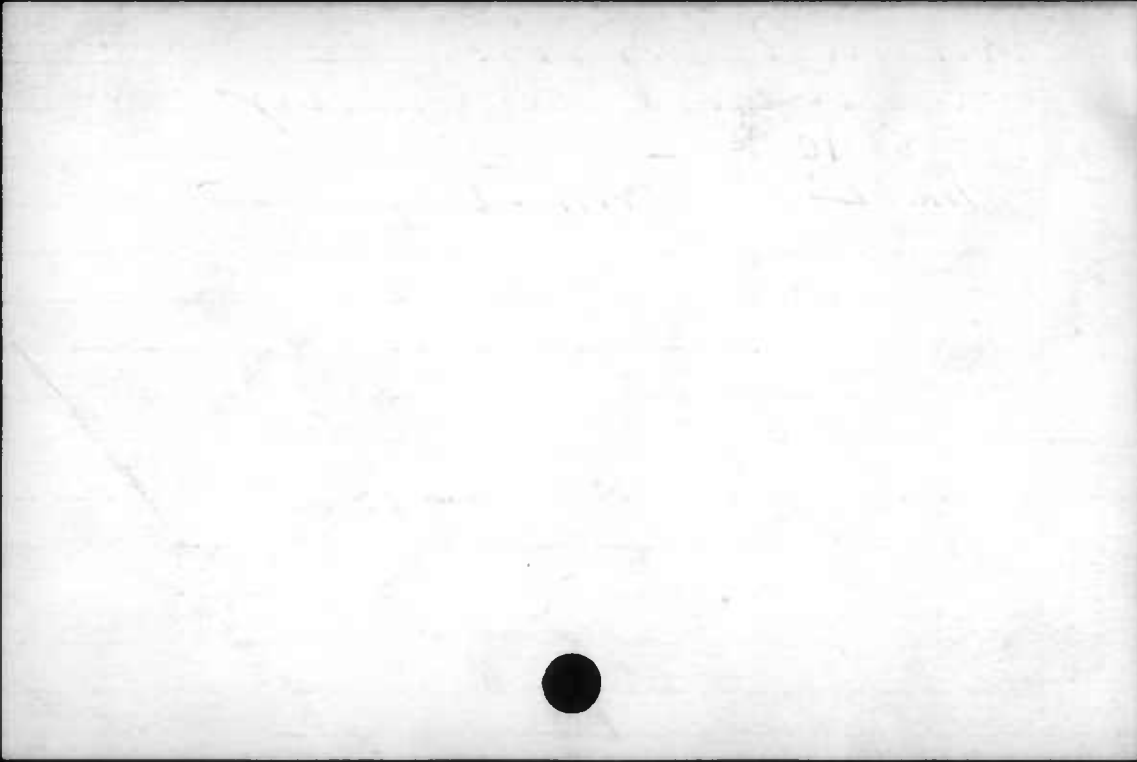
Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **G. J. Leard**

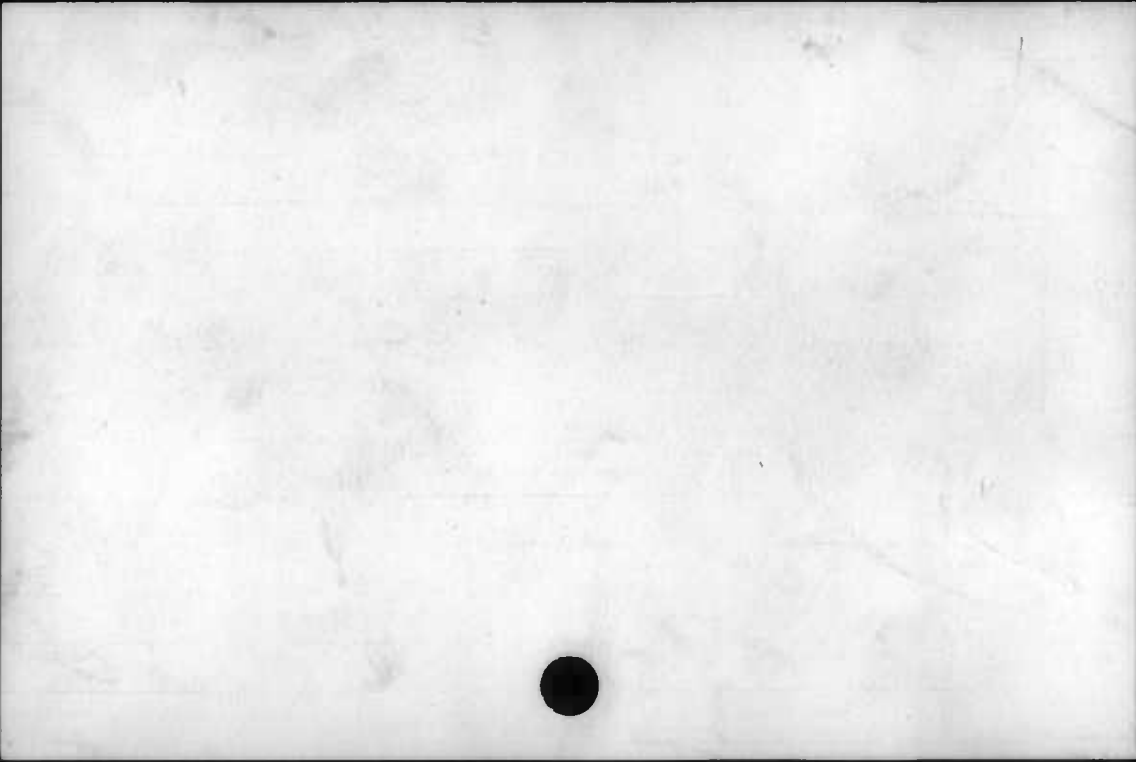
Address **Cumtland Maryland**

Accident or Suicide **Neither**

PHYSICIAN
OR CORONER



Name in Full		Purkie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND	
	Date of death	1908	Month	04	Day	21	Age
	Sex	Female	Color or Race	White	Birth-place	Md	Months
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
✓	Father's Name	Hermon W Purkie				Father's Birthplace	Va
	Mother's Maiden Name	Mary Blanche Cassidy				Mother's Birthplace	Md
	Name of person giving information	Maud Cassidy				How related to deceased	Sister
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">151</div>						
PHYSICIAN OR CORONER	Primary	Premature Birth 8" 8" 1/2 lb (Evidently 1 1/2 hr)				How long	1 day
	Immediate	Exhaustion from extreme weakness				How long	1 "
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	E. H. Broadbent	
					Address	Cumberland Md	
Accident or Suicide?		No					



Name
in
Full

Charles A Rice

CERTIFICATE OF DEATH

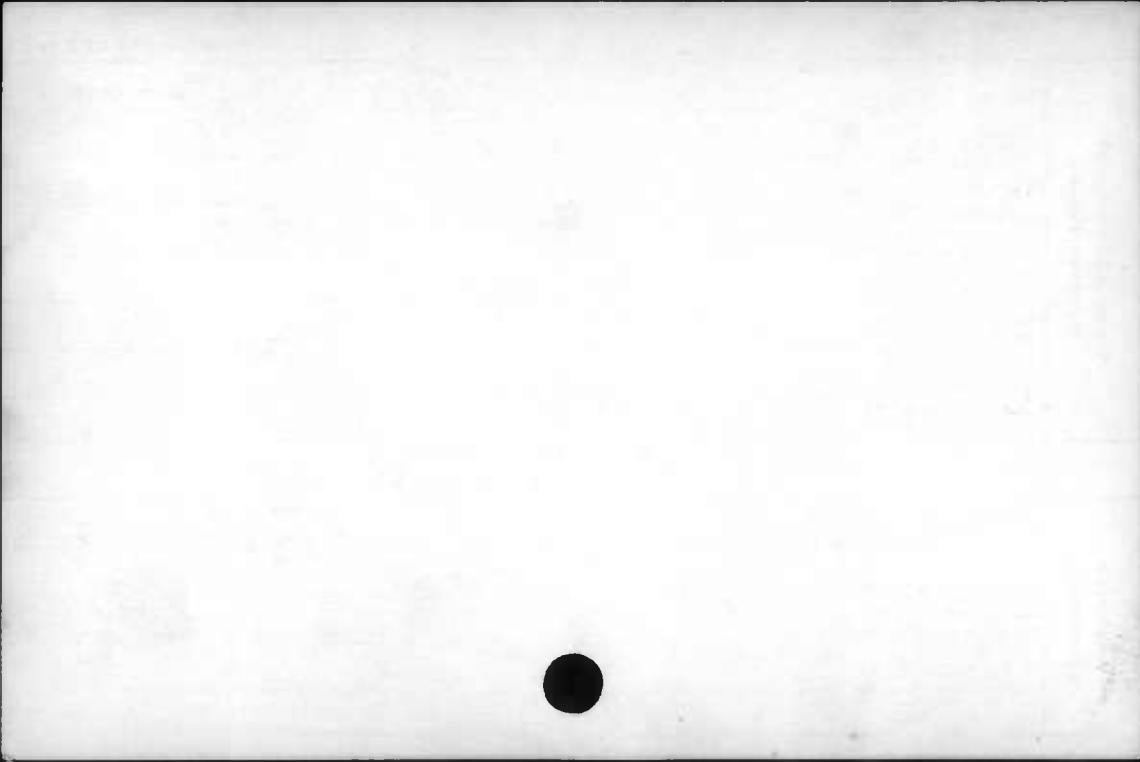
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct	16	58			
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Caroline Russell					
Father's Name				Father's Birthplace			
Louis S Rice				Md			
Mother's Maiden Name				Mother's Birthplace			
Nancy Welsh				Md			
Name of person giving Information				How related to deceased			
Caroline Rice				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid - fever	How long	1 week
Immediate	Perforation of bowell	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. R. Hodges	
		Address	
		Cumberland, Md.	
		Hodges	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Rodenhauer. 9340

Town Essex County Alleg. MARYLAND

Died at Essex

Date of death 1908 Oct 15 Age — Months — Days —

Sex Male Color or Race White Birth-place Canada

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Albert Rodenhauer Father's Birthplace Ind

Mother's Maiden Name Mary Goss Mother's Birthplace Ind

Name of person giving Information Albert Rodenhauer How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long —

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thos. A. Koon Address Koon

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Henry Ross

Town

County

Died at

Lumbard

Alleg.

MARYLAND

Date

of death 1908

Month

Oct

Day

7

Age

Years

—

Months

—

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Fether's
Name

Charles E Ross

Fether's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Fey

Mother's
Birthplace

Md

Name of person giving
Information

Charles Ross

How related
to deceased

Feather

CAUSES OF DEATH

150

Primary

Heart Failure

How long

1 day

Immediate

Eggs

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Wilson
Lumbard
Md

Accident or Suicide

PHYSICIAN
OR CORONER

330 or better it

Name
in
Full

John B. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton ^{Town} Allegheny ^{County} **MARYLAND**

Date of death 1908 Oct ^{Month} 8 ^{Day} Age 19 ^{Years} 8 ^{Months} 9 ^{Days}

Sex Male Color or Race White Birth-place Allegh. Co

Occupation Miner Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Ida V. Garlitz

Father's Name John P. Ross Father's Birthplace Garnett Co

Mother's Maiden Name Emma W. Murphy Mother's Birthplace Allegh

Names of person giving Information George Ross How related to deceased Brother

CAUSES OF DEATH

Primary Typhoid fever How long five weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

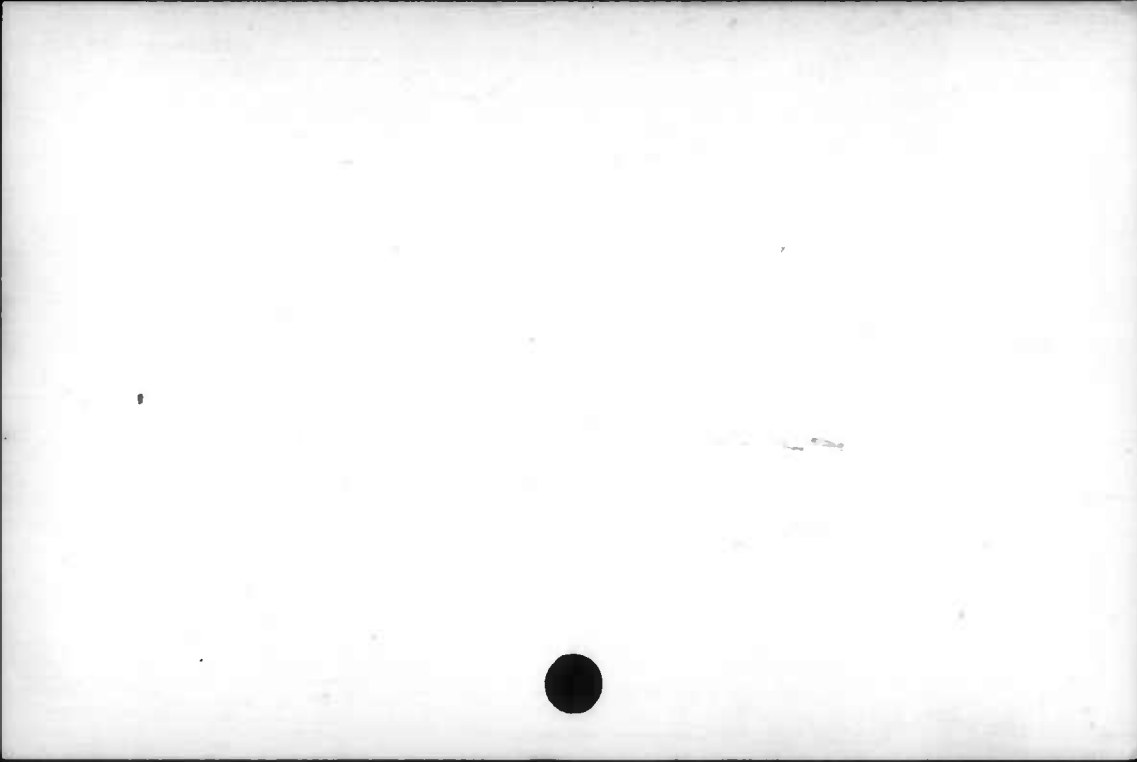
Signature of Physician

Address

St. Bonch
Barton

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma Ellen Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Burr

Town

County

Alle

MARYLAND

Date

of death

1908

Month

Oct

Day

17

Years

Age

53

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Homemaker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Samuel A Rowe

Father's
Name

Solomon Warnefeltz

Father's
Birthplace

Md

Mother's
Maiden Name

Gracy Easterday

Mother's
Birthplace

Md

Name of person giving
Information

Samuel A Rowe

How related
to deceased

Husband

CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

Sudden

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

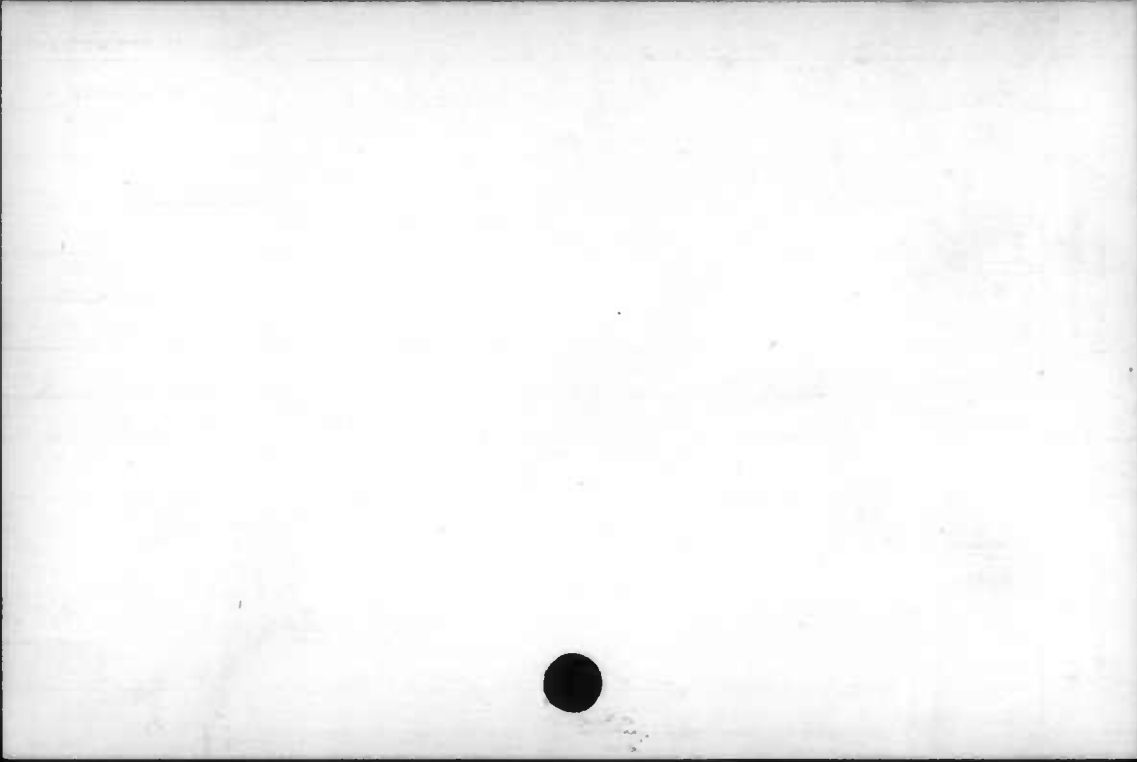
Thos. H. Koon

Address

Gummersburg
Koon
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Harry Sangston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumulaud* Town *Alleg.* County **MARYLAND**

Date of death 1908 *Oct.* Month *20* Day Age *—* Years Months *3* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cumulaud*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harry Sangston* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Snyder* Mother's Birthplace *Ind*

Name of person giving Information *Mary Snyder* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Indigestion* How long *3 mo.*

Immediate *Exhaustion* How long *3 mo.*

Are the name, age, sex, color, date and place correctly given above?

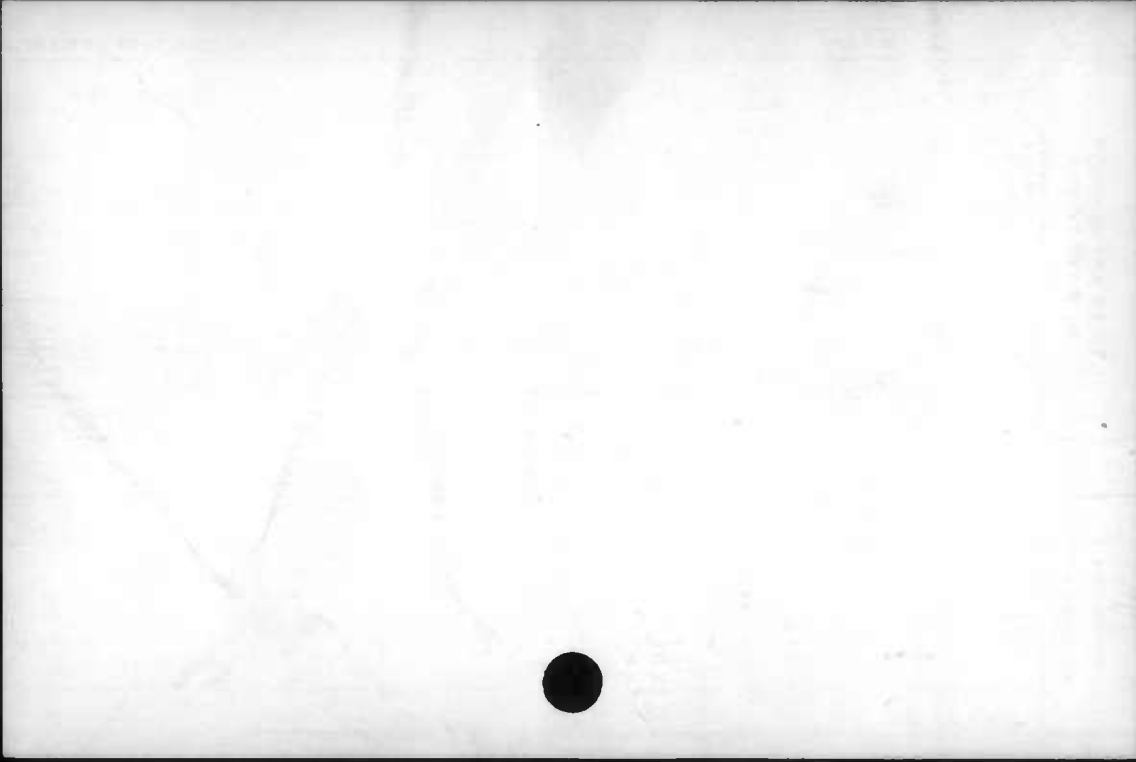
True.

Signature of Physician

Address

*F. L. Burdett**Burdett*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

John Schermesser

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date
of death 1908

Month

Oct

Day

3

Years

Age 40

Months

-

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

none

Where Residing if not
at place of death

N. Mechanic St

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Don't Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Mateldie Simmons

Mother's
Birthplace

A.B. Md

Name of person giving
Information

Mateldie Schermesser

How related
to deceased

mother

CAUSES OF DEATH

104

Primary

found Dead

How long

Immediate

acute Indigestion

How long

Are the name, age, sex, color, date
and place correctly given above?

js

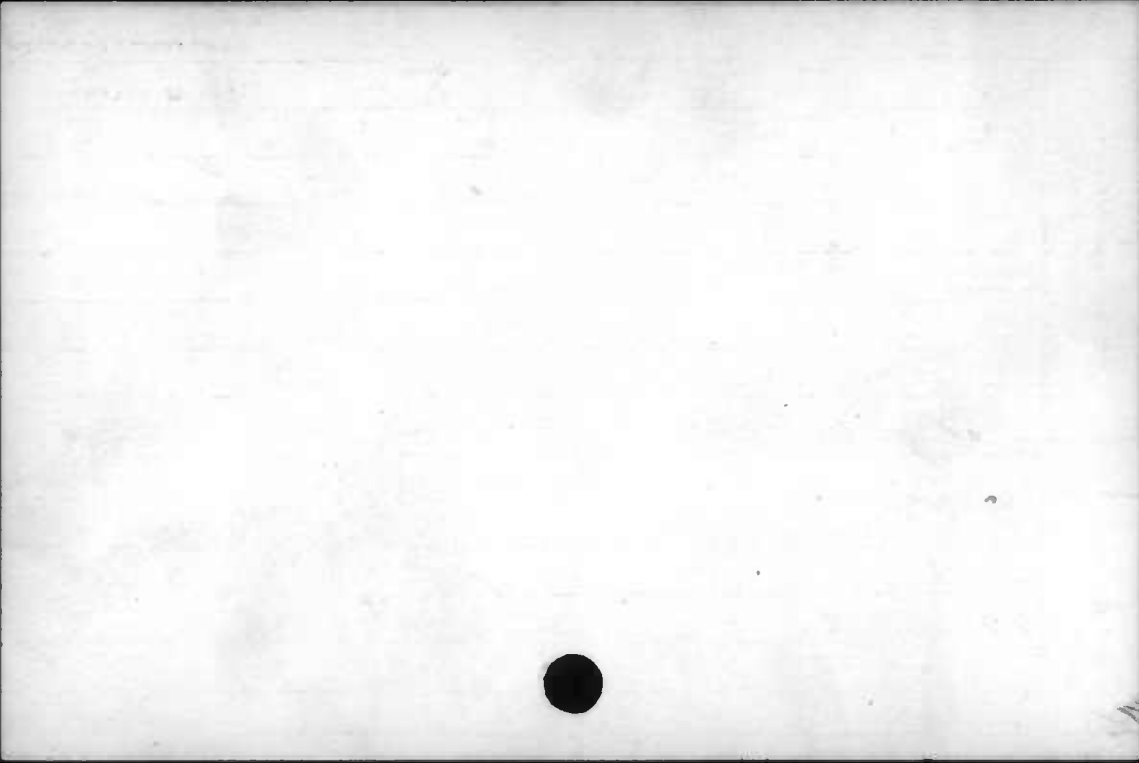
Signature of
Physician

Address

J. H. Maiz, Coroner
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August Henry Shaffer.

Town *Emmabland* County *Allegheny* MARYLAND

Died at *Emmabland*

Date of death 190 *8* Month *25* Day *18* Age *84* Months *4* Days *0*

Sex *Male* Color or Race *White* Birth-place *Germany.*

Occupation *retired Engineer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Elizabeth Shaffer*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know.*

Name of person giving Information *George - Shaffer* How related to deceased *Son*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

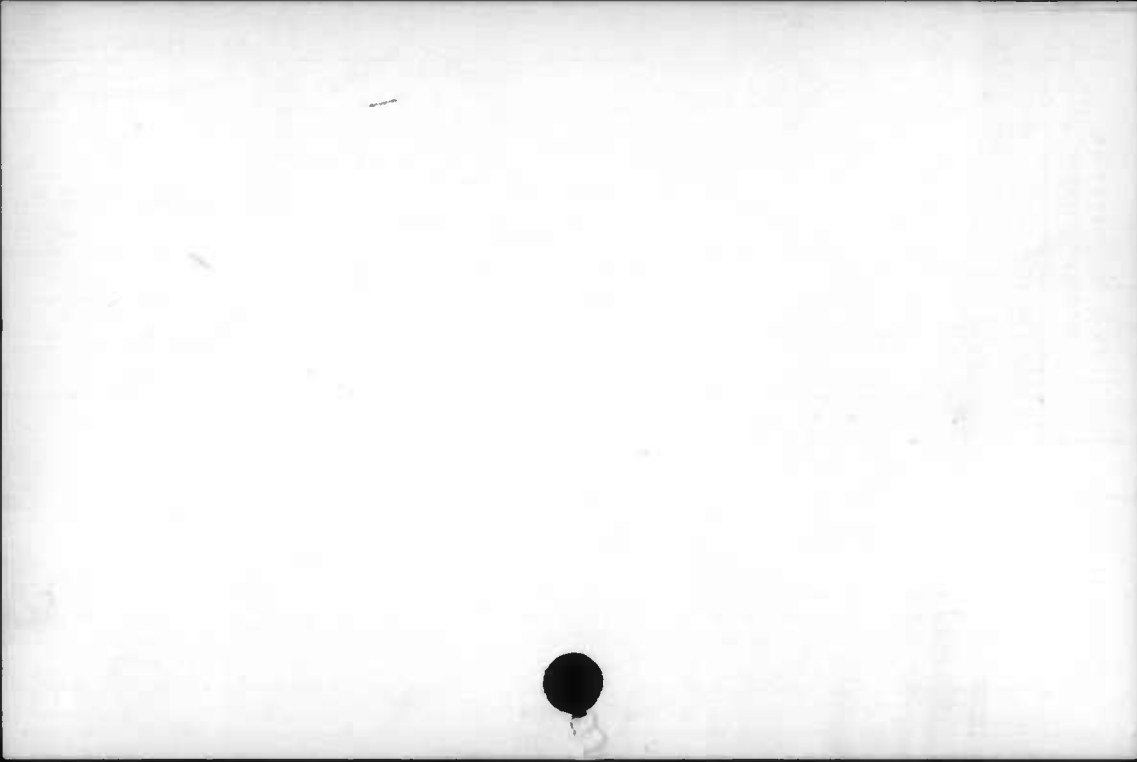
Primary *Paralysis* How long *6 days*

Immediate *Exhaustion* How long *6 days*

Are the name, age, sex, color, data and place correctly given above? *Yes.* Signature of Physician *Chas. B. Brannan D*

Stear Address *Accubed Md.*

Accident or Suicide



Name
in
Full

Sarah Gibson

Shurwater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

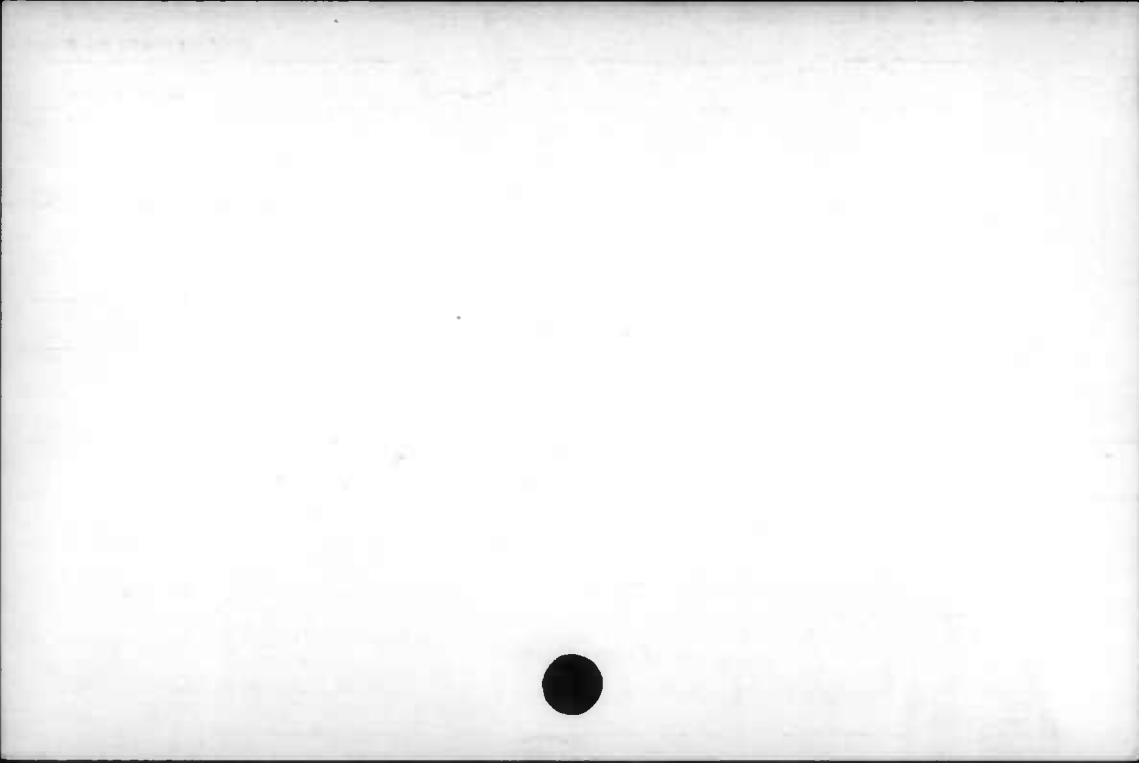
Died at <i>Barton</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i> ^{Month}	<i>Oct</i> ^{Day}	<i>14</i> ^{Years}	<i>76</i> ^{Months}	<i>4</i> ^{Days}	<i>✓</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Clarksburg W. Va</i>			
Occupation <i>HW</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Elihu S. Shurwater</i>				
Father's Name <i>John Gibson</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Lucinda Walker</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving Information <i>H. P. Shurwater</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>About 2 years</i>
Immediate <i>Insulin</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. A. Brucher</i>
	Address <i>Barton, W. Va</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Middlethian

Town

Alleghany

County

Date

of death

1908

Month

Oct

Day

21

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Middlethian

Occupation

no

Where Residing if not
at place of death

Middlethian

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Louis S Kidmore

Father's
Birthplace

Roden Mine

Mother's
Maiden Name

Nellie Drent

Mother's
Birthplace

Middlethian

Name of person giving
In formation

Mr Frank Willits

How related
to deceased

Uncle

CAUSES OF DEATH

92

Primary

Bronchitis

How long

6 days

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

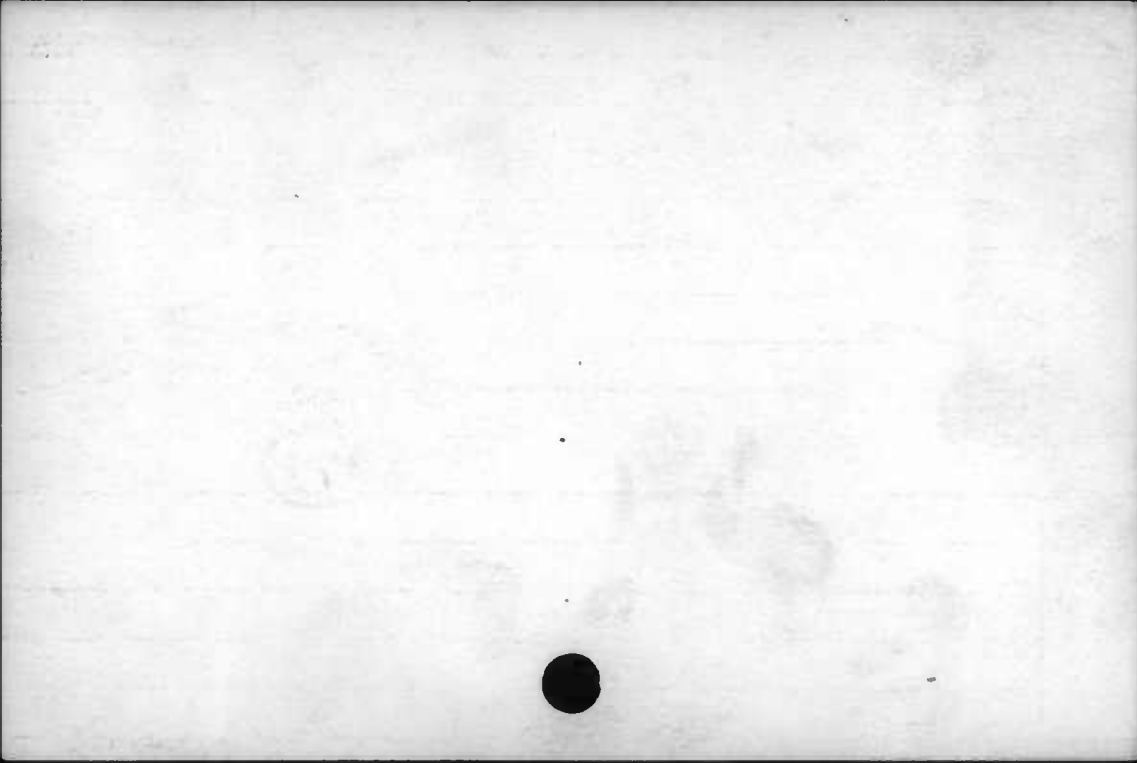
Dr. F. L. Phyness

Address

Middlethian
md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Emma Susan Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Keesport</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	25
Age	49	Years	7	Months	29
Sex	Female	Color or Race	White	Birth-place	Wm's Mt
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Snyder Dec'd		
Father's Name	John D Davis			Father's Birthplace	Wm's Mt
Mother's Maiden Name	Mary A. Gruber			Mother's Birthplace	Unknown
Name of person giving information	Mary Davis			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	1 year
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Chambers</i>		
	Address <i>Mt Keesport Pa</i>		
Accident or Suicide?			

J. F. Kaefer
Wautaker

interred in Rosewood Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Twigg* Town *Cumtland* County *Allegany* MARYLAND

Died at *Cumtland*

Date of death 1908 Month *10* Day *29* Age *1* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Cumtland Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Norman Twigg* Father's Birthplace *W Va*

Mother's Maiden Name *Sara L Hansbro* Mother's Birthplace *W Va*

Name of person giving Information *Norman Twigg* How related to deceased *Father*

CAUSES OF DEATH

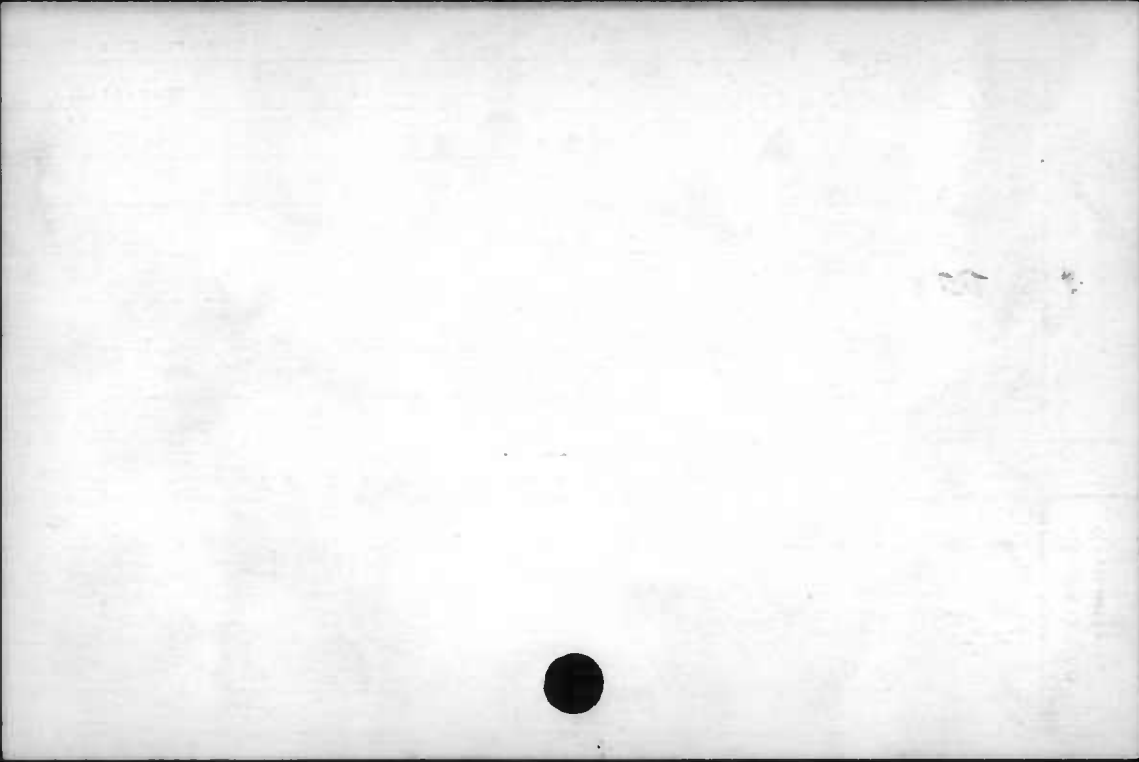
Primary *Hyperthermia* *Burk* How long *2 Mo*

Immediate *Exhaustion* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. F. Twigg*Address *Cumtland D. Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lehas Vannmeter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cresaptown</i>		County <i>Allegh</i>		MARYLAND	
Date of death		Month <i>Oct.</i>	Day <i>26</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Grocer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Jacob L Vannmeter</i>				Father's Birthplace <i>West Va</i>			
Mother's Maiden Name <i>Annie Hentson</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>M. G. Vannmeter</i>				How related to deceased <i>Bro.</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		How long <i>4 Weeks</i>
Primary <i>Typhoid fever</i>		
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Shadrach Brown</i>	Address <i>Frederick Md</i>
<i>Cresaptown</i>		
Accident or Suicide		

2 Brothers
1 Sister



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wetzel Hill</i>		County <i>Allegheny</i>		MARYLAND		
Date of death	1908	Month 10	Day 9	Age Years —	Months 11	Days —
Sex <i>M.</i>	Color or Race <i>M.</i>		Birth- place <i>Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>William Ware</i>		Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary J. Taylor</i>		Mother's Birthplace <i>Maryland</i>				
Name of person giving In formation <i>William Ware</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>100k.</i>
Immediate	<i>Enterocolitis</i>	How long	<i>100k.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. O. McLane</i>	
		Address <i>Frostburg Md.</i>	
Accident or Suicide?			

Hager
McLucky Co.

Name
in
Full

Wilbur C. Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>allegany</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Oct</u> ^{Month}	<u>31</u> ^{Day}	Age <u>1</u> ^{Years}	<u>9</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland</u>		
Occupation <u>child</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>child</u>		Name of Wife or Husband <u>child</u>			
Father's Name <u>Joseph H. Weller</u>			Father's Birthplace <u>Hyndman, Pa</u>		
Mother's Maiden Name <u>Marry Wertz-</u>			Mother's Birthplace <u>Hyndman, Pa</u>		
Name of person giving information <u>Col. Farnham</u>			How related to deceased <u>Brother-in-law</u>		

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<u>Ptomain Poisoning</u>	How long <u>7 days</u>
Immediate	<u>Exhaustion & suffocation</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>F. H. Bassdole</u>
<u>Stein.</u>		Address <u>Cumberland Md.</u>
Accident or Suicide? <u>Hyndman</u>		<u>1908</u>

The cow being fed upon garbanos, frozen potatoes and
potatoes.

26 Deaths
from
Geo. L. Gardner
Lumber and
my
Cat Deaths

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

276 ~~Long~~ Wheat
 Town *Cumtld.* County *Allegheny*

Died at *Cumtld.* *Allegheny* **MARYLAND**
 Date of death 1908 *Oct.* Month *3* Day *62* Age *—* Months *—* Days

Sex *Male* Color or Race *White* Birth-place *Do not know*

Occupation *Telegraph Operator* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Do not know*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *" "* Mother's Birthplace *Do not know*

Name of person giving Information *Kelley - a friend* How related to deceased *none -*

CAUSES OF DEATH

154

Primary *Senile Dementia* How long *3 mos*

Immediate *Exhaustion* How long *3 wks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. J. J. Turrig*

no relations in Cumtld. Address *Cumtld.*

Accident or Suicide *no* *S.S.*

PHYSICIAN
OR CORONER



Name
in
Full

Pearl C Widdows

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany **MARYLAND**

Date of death 190 ^{Month} 8 ^{Day} Oct ^{Years} 23 Age ^{Months} 7 ^{Days} 3

Sex Female Color or Race White Birthplace Cumberland

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Huaband None

Father's Name Lawrence Widdows Father's Birthplace Md.

Mother's Maiden Name Clara Hensel Mother's Birthplace Cumberland

Name of person giving Information Lawrence Widdows How related to deceased Father.

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Cause, Paeby Meningitis How long 1 yr 6 mo.

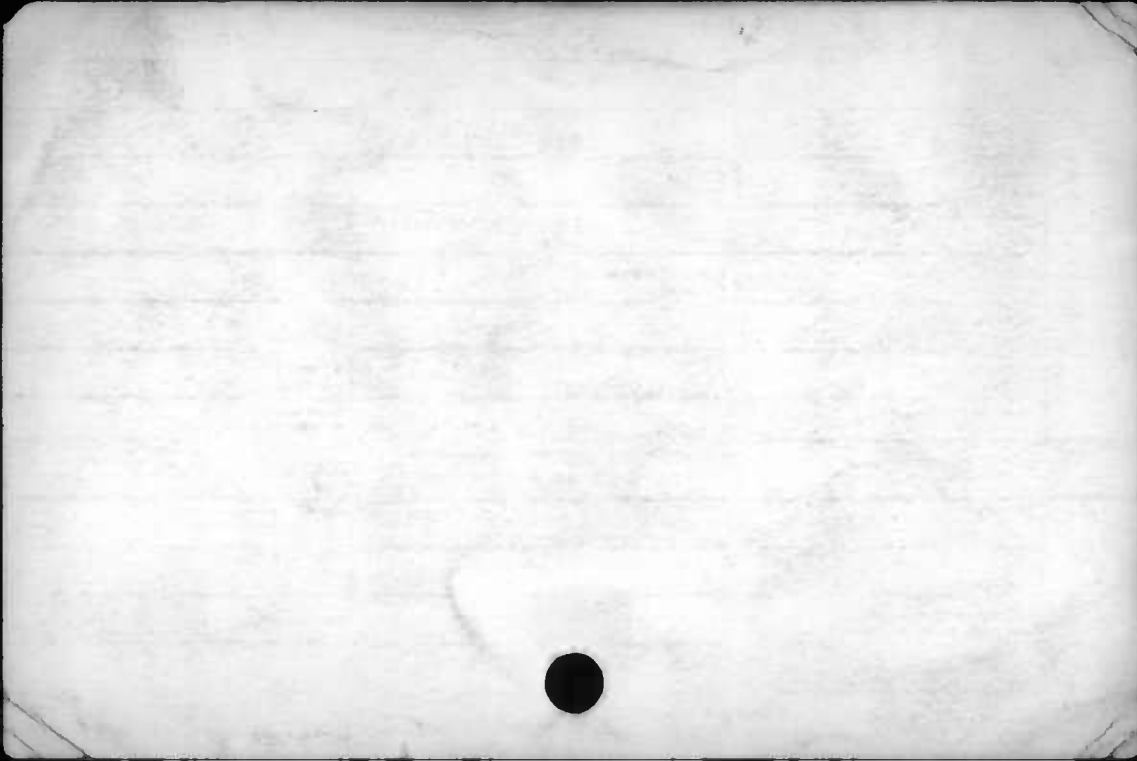
Immediate Cause Exhaustion How long 72 hrs.

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician Edward Harris

Address *Cumbrland Md.*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>11</i>	Age <i>39</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Motorman</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret Crook</i>				
Father's Name <i>Joseph Wilson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eliza Gallagher</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Chas. R. Wilson</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs</i>	How long <i>2 years</i>
Immediate	<i>Asthenia</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. Walker, M.D.</i>
		Address <i>Frostburg</i>
Accident or Suicide? <i>—</i>		

Hafer
McLucky C.

Name
in
Full

George W. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brimberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Oct.</u>	Day	<u>15</u>
Age		<u>65</u>	Years	<u>—</u>	Months
Sex		<u>Male</u>	Color or Race	<u>White</u>	Birth-place
Occupation		<u>Carpenter</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>Emma Wolf</u>			
Father's Name	<u>Hiram Wolf</u>	Father's Birthplace <u>VA</u>			
Mother's Maiden Name	<u>Catharine Weiner</u>	Mother's Birthplace <u>Brimberland</u>			
Name of person giving Information		<u>Emma Wolf</u>		How related to deceased <u>Wife</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Organic disease of Heart</u>	How long	<u>Two or three years</u>
Immediate	<u>Stroke</u>	How long	<u>Several months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
<u>[Signature]</u>		Address	
<u>[Signature]</u>		<u>Lawrenceville Md.</u>	
Accident or Suicide			

case for Mrs. Shook #71.

Rev Hayes -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Adam Zink* Town *Unionland* County *Allegheny* MARYLAND
Died at *Unionland*
Date of death 1908 Month *Oct.* Day *15* Age *65* Years Months *1* Days
Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Stationary Engineer* Where Residing if not at place of death *-*
Married, Single or Widowed *Widower* Name of Wife or ~~Husband~~ *Lenna Zink.*
Father's Name *Aharat Zink* Father's Birthplace *Germany*
Mother's Maiden Name *Do not know* Mother's Birthplace *Germany.*
Name of person giving Information *John Zink* How related to deceased *Son*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Acute meningitis* How long *15 days*
Immediate *Embolism* How long *two days*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *J. J. J. J. J.* Address *Unionland Md*
Accident or Suicide

